

Louisiana Society for Healthcare Facilities Management
APPLICATION FOR MEMBERSHIP

Application is hereby made for membership in the Louisiana Society for Healthcare Facilities Management,
subject to approval by the Board of Directors of the Society

NAME _____ TITLE _____

HOSPITAL or BUSINESS _____ NO. OF BEDS _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____ FAX NO. _____

HOME ADDRESS _____ TELEPHONE _____

NO. OF EMPLOYEES SUPERVISED _____ POSITION REPORTS TO _____
(ACTIVE MEMBERS) (ACTIVE MEMBERS)

ARE YOU A MEMBER OF THE AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING? _____
IF YES, WHAT YEAR JOINED? IF NO, DO YOU PLAN TO JOIN? _____

ARE YOU A CERTIFIED HEALTHCARE FACILITY MANAGER (CHFM)? _____

Check the type of membership for which you are applying:

_____ ACTIVE: \$ 30.00 _____ ASSOCIATE: \$100.00*
Remittance of membership dues must accompany application.

The associated membership fee of \$100.00 will apply to the company or firm and one associate (professional or vendor) member. Membership fees for additional persons from the same firm or organization shall be \$50.00 per person.

Make check payable to the **Louisiana Society for Healthcare Facilities Management**

Mail to:

LASHFM
c/o Bradley Devillier
P.O. Box 84774
Baton Rouge, LA 70884

Please note: Your check will be deposited when received.
However, if your membership application is not approved, your money will be refunded.

SIGNATURE _____ DATE _____

FROM PROPOSED BYLAWS:

ARTICLE IV – MEMBERSHIP

Section 1.

ELEGIBILITY:

(a) *Membership in the Society shall be available to individuals who are active in the field of Healthcare Facility Management. Healthcare Facility Management is defined as efficiently planning, managing and maintaining the environment of care, equipment and systems for healthcare.*

Section 2. TYPE OF MEMBERSHIP:

(a) *Active Member – any individual employed by a healthcare facility in the field of support services to include: clinical engineering, facility engineering, facility planning design and construction, grounds, housekeeping, laundry, linen, maintenance, plant operations, risk management, safety, security, dietary, infection control and or responsible for such.*

(b) *Associate Member– a person not employed by a healthcare facility but entitled to the same rights and privileges as active members. Persons include vendors, affiliated professionals or anyone interested in helping in the progress of the society.*

Date of Receipt _____

Dues Remitted _____

Approved _____

President, LASHFM