



SHEA Member Application
1300 Wilson Blvd., 300 • Arlington, VA 22209
F: (703) 684-1009 • P: (703) 684-1006
info@shea-online.org

Full Name of Applicant and Degree(s) Date

Institution/Organization Job Title

Mailing Address

City State Zip/Postal Code Country

Phone Fax Email

Member

Domestic \$165 (US/Canada) International \$225 Developing Nation \$50 (E-Journal)

- Individuals interested in the fields of healthcare epidemiology, patient safety, and infection prevention
- Members must hold an advanced degree in a healthcare field (e.g. doctorate or masters) or specialized training in infection control or epidemiology (e.g. SHEA/CDC Training Course or CIC)
- Members hold full voting rights and may serve on the SHEA Board

Member-in-Training

Domestic \$85 (US/Canada) International \$145 Developing Nation \$50 (E-Journal)

- Individuals in a postdoctoral program in a field related to healthcare epidemiology
- Members-in-training do not have voting rights and may not serve on the SHEA Board

 / /20 to / /20

Beginning and Ending Dates of Training Name of Training Program Director

Emeritus Member

Domestic \$100 (US/Canada) International \$150 Developing Nation \$50 (E-Journal)

- Members/fellows in good standing who have reached the age of 65 years, retired from active practice, or experienced a disability resulting in cessation of professional activities
- Emeritus members/fellows have full voting rights, but may not serve on the SHEA Board

Associate Member

Domestic \$110 (US/Canada) International \$170 Developing Nation \$50 (E-Journal)

- Professionals interest in healthcare epidemiology, but are not qualified for membership through other categories (Member, Fellow, Emeritus, Member-in-Training, Corporate)
- Associate Members do not have voting rights and may not serve on the SHEA Board

Corporate Member

Domestic \$225 (US/Canada) International \$285

- Individuals employed in a business or industry related to the field of healthcare who have an interest in healthcare epidemiology
 - Corporate Members do not have voting rights and may not serve on the SHEA Board.
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Payment Information

Dues in the amount of \$ _____ .00

Check Number _____ MasterCard Visa American Express Discover

Credit Card Number

Expiration

Signature

Print Cardholder's Name

Mail Applications to:
SHEA 1300 Wilson Blvd.
Suite 300
Arlington, VA 22209

Fax Applications to:
F: (703) 684-1009

For Assistance:
SHEA Member Services
P: (703) 684-1006
info@shea-online.org
www.shea-online.org



Fifth Decennial
International Conference
on Healthcare-Associated
Infections 2010

SAVE THE DATE

March 18-22, 2010
Hyatt Regency Atlanta | Atlanta, Georgia
Visit www.decennial2010.com for more information.

CO-ORGANIZED BY:

