

Apply Online: www.shea-online.org

Full Name of Applicant Degree(s) Date

Institution/Organization Job Title

Mailing Address

City State Zip/Postal Code Country

Phone Fax Email

Member

Domestic **\$175** (US/Canada) International **\$240** Developing Country **\$60** (E-Journal)

- Individuals interested in the fields of healthcare epidemiology, patient safety, and infection prevention
- Members must hold advanced degrees 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 **\$95** (US/Canada) International **\$130** Developing Country **\$60** (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 **\$110** (US/Canada) International **\$160** Developing Country **\$60** (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 **\$115** (US/Canada) International **\$180** Developing Country **\$60** (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 **\$230** (US/Canada) International **\$295**

- 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 _____

How Did You Hear About SHEA? Current SHEA Member(s) (please list name(s) below) _____ *Infection Control and Hospital Epidemiology* (ICHE) Journal Affiliated organization or society Journal advertisement SHEA Annual Scientific Meeting SHEA/CDC Training Course Meeting or conference (please specify) _____ Other (please specify) _____

Demographic Information

Birth Date (MM/DD/YY) _____ / _____ / _____ Sex: M F Current Role: _____

Primary hospital setting and number of beds (estimate): _____
(e.g. community non-teaching hospital with academic affiliation, 400)Specialty(s): _____
(e.g. adult ID, internal medicine, microbiology, pediatrics, family practice)Areas of concentration: _____
(e.g. sterilization and disinfection, *C. difficile*, occupational health)

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

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