

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

MEMBERSHIP APPLICATION

Name: _____ Degree: M.D. Ph.D. _____ Other. _____

Hospital position (if applicable): _____

Areas of interest within hospital epidemiology: (Check all that apply)

<input type="checkbox"/> Antimicrobial e	<input type="checkbox"/> Nosocomial i a	<input type="checkbox"/> Protective devices and equipment
<input type="checkbox"/> Cost-benefit research	<input type="checkbox"/> Nosocomial urinary tract infection	<input type="checkbox"/> Q.A., C.Q.I., Q.M., etc.
<input type="checkbox"/> Health services research	<input type="checkbox"/> Outcome indicators	<input type="checkbox"/> Surgical site infection
<input type="checkbox"/> Intravascular device-associated infection	<input type="checkbox"/> Pharmacoepidemiology	
<input type="checkbox"/> Other (specify) _____		

Business Address: _____

City State Zip Code

Business Telephone: ()-_____ Fax: ()-_____

Home Address: _____

City State Zip Code

Home Telephone: ()-_____ - _____

Indicate preferred address for correspondence, journal, and membership directory listing.

☐ Home ☐ Business

How/Where did you hear about SHEA? _____

MEMBERSHIP FEE: (Non-U.S. members pay with draft for U.S. dollars)

☐ Active Membership (Calendar year dues \$35)
Applicants must hold a doctoral degree and should either work in the field of hospital epidemiology or have a direct interest in hospital epidemiology.

☐ Associate Membership (Calendar year dues \$35). Training Program ends in _____ I _____ MO. Yr. -
Applicants must hold a doctoral degree and be participating in an appropriate training program.
Proof of training must accompany this application.

Membership Fee includes subscription to the Society's official journal, *Infection Control and Hospital Epidemiology*

Make checks payable in U.S. dollars to: The Society for Hospital Epidemiology of America

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Send Application and Remittance To: SHEA Membership Department
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