

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)

Antimicrobial e Nosocomial n i a Protective devices and equipment
 Cost-benefit research Nosocomial urinary tract infection QA, CQI, QM, etc.
 Health services research Outcome indicators Surgical site infection
 Intravascular device-associated infection Pharmacoepidemiology
 Other (specify) _____

Business Address: _____

City State Zip Code

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

Home Address: _____

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Home Telephone: ()- _____ - _____

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

H o m e B u s i n e s s

How/Where did you hear about SHEA? _____

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

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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 -
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Proof of training must accomany this anolication.

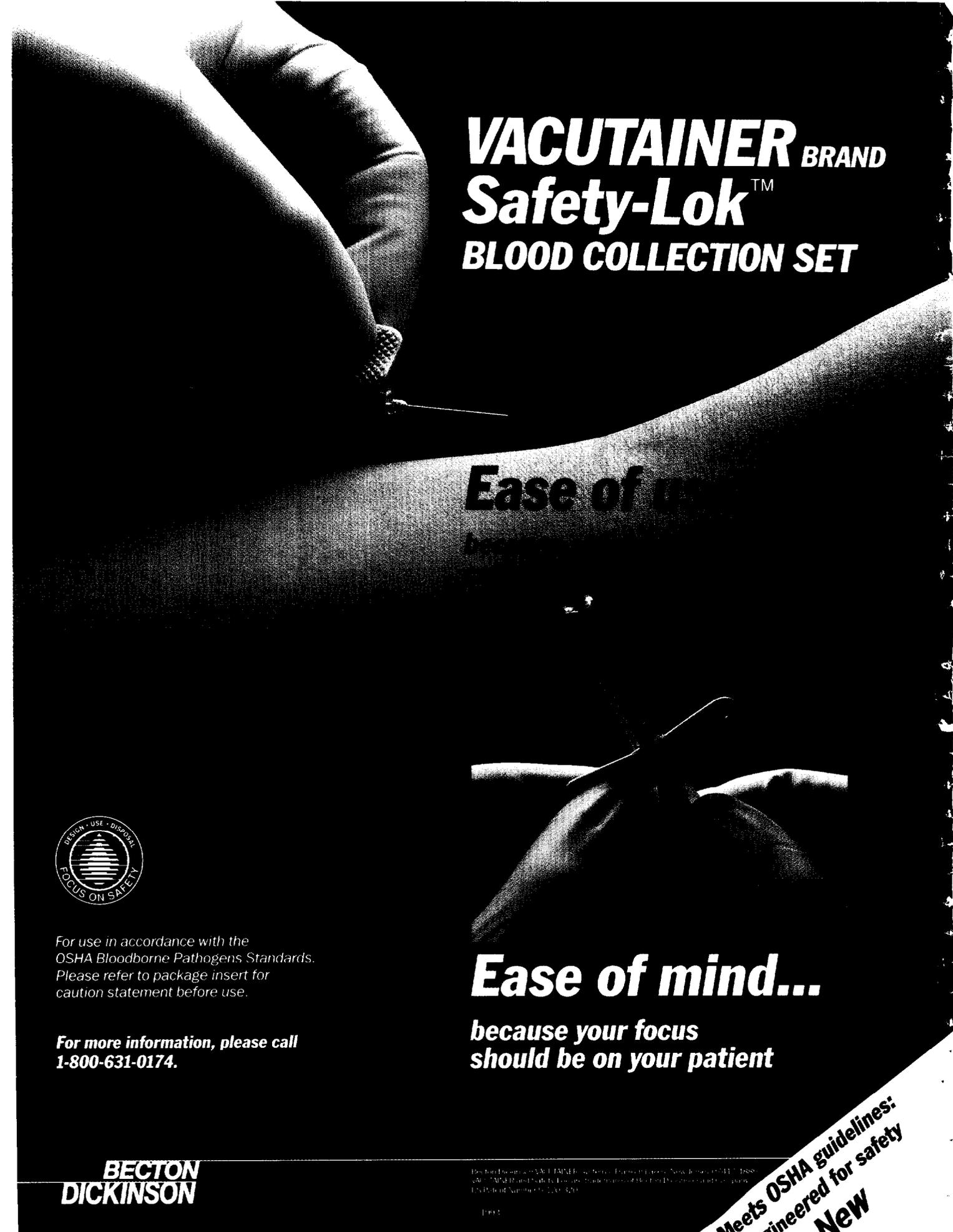
Membership Fee includes subscription to the Society's official journal, *Infection Control and Hospital Epidemiology*

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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