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 use
_____ Cost-benefit research
_____ Health services research
_____ Intravascular device-associated infection
_____ Nosocomial pneumonia
_____ Nosocomial urinary tract infection
_____ Outcome indicators
_____ Pharmacoepidemiology
_____ Protective devices and equipment
_____ QA, CQI, QM, etc.
_____ Surgical site infection
_____ 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 _____ (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

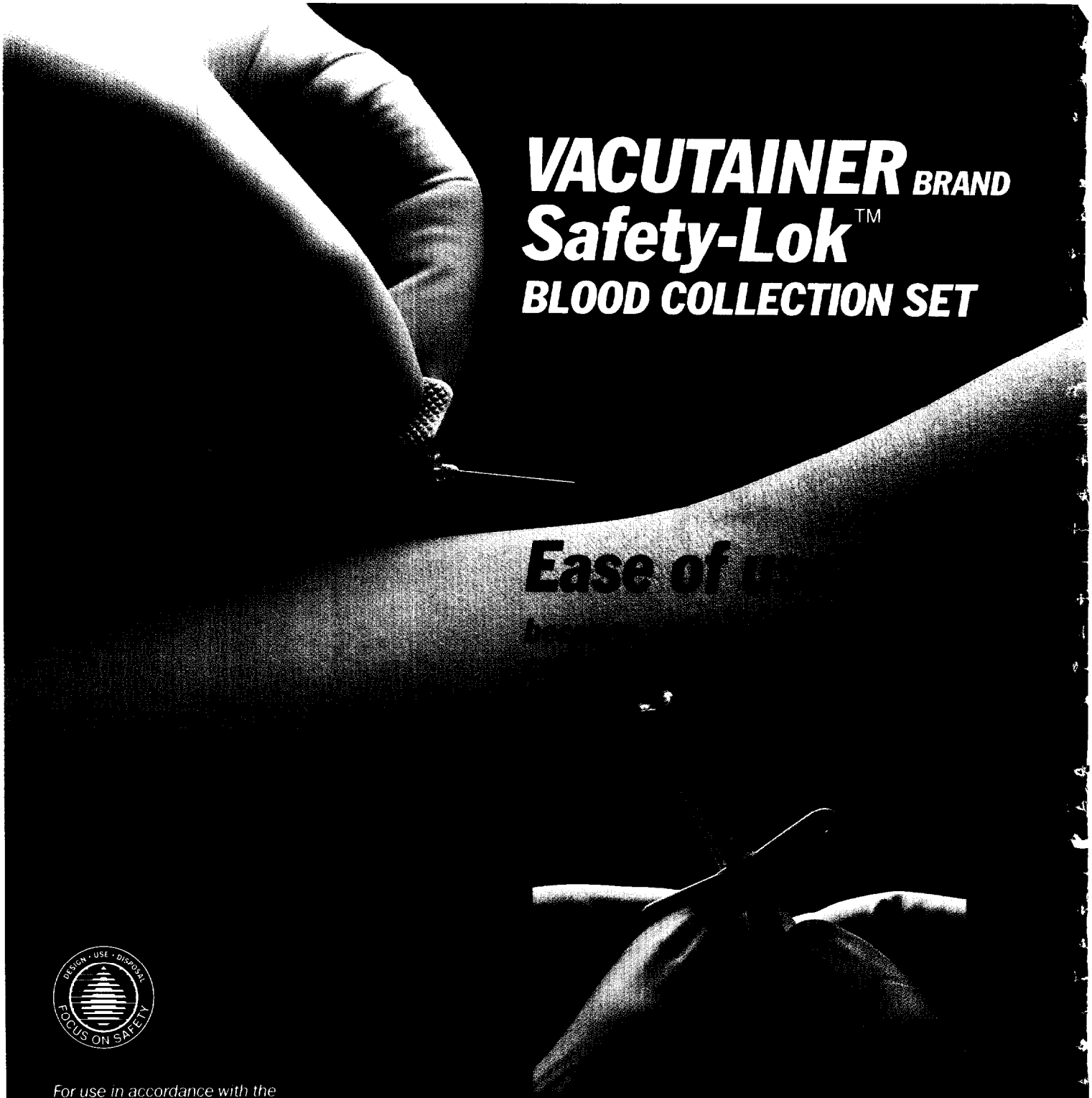
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Send Application and Remittance To:

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