



Membership Application

Please complete the following membership application and send to address below. Your application will be forwarded to the appropriate chapter. If you change any personal information please send us your new information.

Name: _____

Facility: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

E Mail Address: _____

ASHE Member? _____ YES _____ NO

Mail to: Minnesota Health Care Engineers Association
% Mark Fenstermacher
Albert Lea Medical Center
406 West Fountain
Albert Lea, MN 56007