



**MEMBERSHIP APPLICATION & RENEWAL**

**January 1 to December 31, 2010**

**Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work E-Mail:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Home Email Address:** \_\_\_\_\_

**Address to be Listed in WHEN Directory:**  Work  Home **Preferred E-Mail Address:**  Work  Home

**ANY RECENT DEGREES, HONORS, AWARDS?** *Please tell us about them below.*

\_\_\_\_\_  
\_\_\_\_\_

**AREA OF EXPERTISE or INTEREST:** (Maximum 3 fields)

- Clinical  Community Health  Finance  Home Healthcare  Human Resources/Recruitment
- Information Systems  Legal  Managed Care  Marketing  Operations  Physician Relations
- Quality Management/Utilization  Strategic Planning

**ACHE MEMBERSHIP AFFILIATION:**  Student Associate  Associate  Diplomat  Fellow

**OTHER MEMBERSHIP AFFILIATION:**  CHEF  AMN  HCC  HFMA  CAHPMA or Other: \_\_\_\_\_

***I am interested in participating in the following WHEN Committees:***

- Corporate Sponsorship  Events Programming  WHEN Web site & communications  Membership & Welcoming

**ANNUAL DUES SCHEDULE:** *Please check the appropriate category.*

- \$ 40.00 Student Member** – Student currently enrolled in a graduate program in a healthcare management or another professional healthcare degree program. Program/Degree name: \_\_\_\_\_
- \$ 80.00 Member** - Currently hold or have held a position in a healthcare organization, professional association or division of a Professional Services firm that specializes in healthcare and with a graduate degree and management experience, or a bachelor's degree and completion of at least three years of management experience, or ACHE status.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

→ Enclosed is my check for \$ \_\_\_\_\_, made payable to WHEN, check #: \_\_\_\_\_

**Mail with check to: WHEN, 1735 Grove Street, Glenview, IL 60025**

***Thank you for your commitment to WHEN !***