



## 2017 New Member Application

1300 Wilson Blvd., Suite 300 • Arlington, VA 22209

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### US/CANADA

- Member/Fellow**.....\$265  
Individuals must hold advanced degrees in a healthcare field or specialized training in infection control or epidemiology. There is an application process to become a Fellow of SHEA. Contact [info@shea-online.org](mailto:info@shea-online.org) for more information. *(Voting member)*
- Member-in-Training (MIT)**.....\$115  
Individuals in a postdoctoral program in a field related to healthcare epidemiology. *(Non-voting member)*  
Beginning & Ending Dates of Training (month/year) \_\_\_\_\_  
Name of Advisor \_\_\_\_\_
- Emeritus Member/Emeritus Fellow**.....\$115  
Members/Fellows in good standing who have reached the age of 65 years, retired from active practice, or experienced a disability resulting in the cessation of professional activities. *(Voting member)*
- Associate Member**.....\$210  
Professionals interested in healthcare epidemiology, but not qualified for membership through other categories. *(Voting member)*
- Corporate Member**.....\$315  
Individuals employed in a business or industry related to the field of healthcare epidemiology. *(Non-voting member)*

### INTERNATIONAL

(Please see descriptions under US/Canada.)

- Member/Fellow**.....\$285
- Member-in-Training**.....\$180  
Beginning & Ending Dates of Training (month/year) \_\_\_\_\_  
Name of Advisor \_\_\_\_\_
- Emeritus Member**.....\$180
- Associate Member**.....\$225
- Corporate Member**.....\$370

### DEVELOPING NATION

(Please see descriptions under US/Canada.) The World Bank Global Economic Monitor identifies Developing Country status based on low or low-middle income classification. <http://data.worldbank.org/about/country-classifications>

- Member/Fellow**.....\$70
- Member-in-Training**.....\$70  
Beginning & Ending Dates of Training (month/year) \_\_\_\_\_  
Name of Advisor \_\_\_\_\_
- Emeritus Member (no Journal)**.....\$70
- Associate Member**.....\$70

### APPLICANT INFORMATION

**(PLEASE PRINT LEGIBLY)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Applicant

\_\_\_\_\_  
Degrees

\_\_\_\_\_  
Position

\_\_\_\_\_  
Institution/Organization

Mailing Address Type  Work  Home

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
Department

\_\_\_\_\_  
City State Postal Code

\_\_\_\_\_  
Country

Office Phone Primary

\_\_\_\_\_  
Mobile Phone Primary

\_\_\_\_\_  
Fax

Email: (Primary) (Alternate)

\_\_\_\_\_  
Gender Birthday (00/00/0000)

\_\_\_\_\_  
Assistant Name {if applicable}

\_\_\_\_\_  
Assistant Phone {if applicable}

\_\_\_\_\_  
Assistant Email {if applicable}

**How were you introduced to SHEA?**

\_\_\_\_\_

**SHEA Monthly Journal: Electronic (developing nation) or Print Journal**  
**(CIRCLE ONE)**

**DEMOGRAPHIC INFORMATION****What are Your Areas of Concentration/Interest? (Please check all that apply.):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Antimicrobial resistance           | <input type="checkbox"/> Hand hygiene           | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> <i>C. difficile</i>                | <input type="checkbox"/> <i>S. aureus</i>       | <input type="checkbox"/> Risk management     |
| <input type="checkbox"/> Device-related infections          | <input type="checkbox"/> Occupational health    | <input type="checkbox"/> Surveillance        |
| <input type="checkbox"/> Disaster preparedness              | <input type="checkbox"/> Noninfectious outcomes | <input type="checkbox"/> Enterococcus        |
| <input type="checkbox"/> Emerging Infections                | <input type="checkbox"/> Product development    |  |
| <input type="checkbox"/> Epidemic/highly infectious disease | <input type="checkbox"/> Public reporting       |  |

**What is Your Practice Setting?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic medical center                                   | <input type="checkbox"/> academic affiliation          | <input type="checkbox"/> Pharmacy  |
| <input type="checkbox"/> Ambulatory surgery center                                 | <input type="checkbox"/> Federal military hospital     | <input type="checkbox"/> Private/group practice                          |
| <input type="checkbox"/> Behavioral health hospital                                | <input type="checkbox"/> Federal non-military hospital | <input type="checkbox"/> Professional school (medical, dental, pharmacy) |
| <input type="checkbox"/> Community hospital, no academic affiliation               | <input type="checkbox"/> Industry                      | <input type="checkbox"/> University-affiliated academic medical center   |
| <input type="checkbox"/> Community non-teaching hospital with academic affiliation | <input type="checkbox"/> Laboratory                    | <input type="checkbox"/> Other (Please specify): _____                   |
| <input type="checkbox"/> Community teaching hospital with academic affiliation     | <input type="checkbox"/> Long-term acute care hospital |  |
|  | <input type="checkbox"/> Long-term care facility       |  |
|  | <input type="checkbox"/> Outpatient facility           |  |

**What is Your Primary Job Function?**

- |   |   |
|---|---|
| <input type="checkbox"/> Administration                                     | <input type="checkbox"/> Public health                |
| <input type="checkbox"/> Microbiology                                       | <input type="checkbox"/> Industry                     |
| <input type="checkbox"/> Healthcare epidemiology                            | <input type="checkbox"/> Pharmacist                   |
| <input type="checkbox"/> Infection prevention com chair/medical director IP | <input type="checkbox"/> <b>Write Prescriptions</b>   |
| <input type="checkbox"/> Infection preventionists                           | <input type="checkbox"/> Other (Please specify) _____ |

**What is Your Specialty?**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Adult ID          | <input type="checkbox"/> OB/GYN       |
| <input type="checkbox"/> Family Practice   | <input type="checkbox"/> Pediatric ID |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Other        |

**How Many Hospital Beds?**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 200 Beds | <input type="checkbox"/> 400-600 Beds       |
| <input type="checkbox"/> 200-399 Beds       | <input type="checkbox"/> More than 600 Beds |

**SHEA'S EDUCATION & RESEARCH FOUNDATION**

Please consider making a tax deductible donation to SHEA's Education & Research Foundation to help fund programs dedicated to the future of healthcare epidemiology, infection prevention and antibiotic stewardship.

- \$50     \$100     \$250     \$500     Other \_\_\_\_\_

**CALCULATE YOUR PAYMENT**

SHEA Membership Dues	
+ SHEA Foundation Donation	
<b>GRAND TOTAL</b>	

**PAYMENT OPTIONS**

- Check # \_\_\_\_\_ (Make payable to SHEA)  
 Visa     Discover     MasterCard     American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholders Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Membership dues are not deductible as charitable contributions for Federal income tax purposes. Pursuant to the Omnibus Budget Reconciliation Act of 1993, SHEA estimates that 0% of dues for calendar year 2017 is attributable to nondeductible lobbying activity and is not, therefore, deductible under IRS Code Section 162 as an ordinary and necessary business expense. The remaining 100% of your membership dues, however, is deductible for most members of SHEA under Section 162 of the IRS Code as an ordinary and necessary business expense. SHEA has been organized and is operated as a not-for-profit organization in accordance with the requirements of Section 501(c)(6) of the Code. The SHEA federal tax ID number is: 58-1410314. The SHEA Education & Research Foundation is organized as a Section 501(c)(3) and all donations to the Foundation are fully tax deductible. The Foundation's federal tax ID number is: 30-0652791.