



Organization of Healthcare Educators

** An Affiliate of the NNSDO since 2007

MEMBERSHIP APPLICATION

Please Print or Type	New Member <input type="checkbox"/>	Renewal <input type="checkbox"/>
Name (First, Middle, Last)		
Mailing Address		
Contact telephone #		
Employer		
Title		
Employer Address		
Telephone		
Fax		
e-mail		
Highest Degree(s)		
Years working in Healthcare Education		
Area(s) of Specialty		
Licenses/ Certifications (specify)		

Please include my name and e-mail in the OHE Website/ Directory Yes No

Membership Type This fee is for membership during current calendar year and is non-transferable

Active (Individual) \$45.00/ year Student \$15.00/year Organization/ Facility \$40.00/ per person per year*

* Organization/ Facility membership fee is for each member when initially registering three (3) members from same organization or facility at the same time. A completed membership application must be submitted for *each* member.

Committees We invite you to share your expertise by joining one of our committees

Programs <input type="checkbox"/>	Newsletter <input type="checkbox"/>	Nominations <input type="checkbox"/>
Membership <input type="checkbox"/>	Website <input type="checkbox"/>	Resource/ Speaker Bureau <input type="checkbox"/>

Please Identify Your Three Most Pressing Work Challenges

Optional Donation: Scholarship Fund _____ Amount Enclosed: _____

Make check payable to O.H.E and send with completed membership application(s) to:

O.H.E. c/o Ms. Nicole Olsen-Garcia
5008 Stevely Avenue
Lakewood, California, 90713