



Organization of Healthcare Educators

\*\* An Affiliate of the NNSDO since 2007

# MEMBERSHIP APPLICATION

Please Print or Type New Member  Renewal

Name (First, Middle, Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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  Newsletter  Nominations

Membership  Website  Resource/ Speaker Bureau

**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. Debbie Reid  
1921 Bonita Avenue  
Burbank, CA 91504