



*We invite you to become a member of the Florida Society for Healthcare Environmental Services.*

*You will learn more, enhance your professional life, meet new colleagues, share ideas, and strengthen your position within the field.*



# Florida Society for Healthcare Environmental Services

## Membership Information

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**Corporate Office**  
306 East College Avenue  
Tallahassee, FL 32301-1522  
(850) 222-9800 Fax: (850) 561-6230

**Regional Office**  
307 Park Lake Circle  
Orlando, FL 32803  
(407) 841-6230 Fax: (407) 422-5948

**Washington, DC Office**  
444 N. Capitol Street, NW, #532  
Washington, DC 20001  
(202) 434-4848 Fax: (202) 434-4846

[www.fha.org](http://www.fha.org)  
[www.FLHealthjobs.com](http://www.FLHealthjobs.com)



## OBJECTIVE and PURPOSE

The objective of FSHES is:

*The development and continuous improvement of healthcare environmental services by encouraging and assisting individual members to raise standards, develop their knowledge, and increase their competence.*

The purpose of the Society is to:

- Provide an organized structure at the state level.
- Conduct educational programs.
- Foster the development of regional environmental service groups.
- Publish a regular newsletter.
- Publish a membership directory.
- Serve as a resource to related associations.
- Promote membership in the Society; and
- Cooperate with the American Society for Healthcare Environmental Services in solving issues relating to environmental services health care issues.

## MEMBERSHIP

Membership is available to employees of FHA member institutions and their corporate offices, state educational institutions, and government (except non-member government hospitals), and hospital associations who are actively involved in the healthcare institutional environmental services function at the administrative level. Join today by filling out the form provided and sending it to the Florida Hospital Association, P.O. Box 531107, Orlando, FL 32853-1107.

## BENEFITS

- \* Society newsletter ~ *Newsweep*, focusing on health care environmental service issues.
- \* Weekly FHALink e-mail news.
- \* Shared development of policies and procedures.
- \* Voice in developing legislative issues.
- \* Online meeting/educational calendar.
- \* Discounts on educational programs.
- \* Discounts on data reports.
- \* Membership Directory.

## FSHES Membership Application

Date: \_\_\_\_\_

\_\_\_Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
E-mail Address (*mandatory for receiving news*)

*Please choose your username and password below:*

FHALink username:\_\_\_\_\_

Password \_\_\_\_\_

### Dues Schedule:

Member ( <i>Hospital is FHA Member</i> )	\$95 Annually
Associate	\$225 Annually
Other Health Care Providers	\$225 Annually
Non-Affiliate ( <i>non-members of FHA</i> )	\$360 Annually
Educational Institutions & Government Agencies	\$95 Annually

**\*\*PAYMENT MUST ACCOMPANY APPLICATION\*\***

___ Check is enclosed for \$ _____
___ Charge my dues to ___ Visa ___ Mastercard
Amount \$ _____ Card # _____
Print name _____
( <i>as appears on card</i> )
Signature _____ Exp. Date _____

**Mail or Fax to:** Florida Hospital Association  
Attn: Professional Membership  
P.O. Box 531107  
Orlando, FL 32853-1107  
Fax: 407/423-4648