



Corporate Membership Application

ACCE welcomes profit organizations that have a business-related activity involving medical instrumentation management to support its mission by becoming a **Corporate Member**. In addition to membership and training discounts for designated Representatives, Corporate Members will be identified in the ACCE website as organizations with an interest in promoting and advancing the development of effective and professional medical instrumentation management.

A. Please type or print your organization's information.

Organization's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Website Address: _____

Contact Name: _____ Contact Phone: _____ Contact Fax: _____

B. Please indicate your organization's primary business.

<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Independent Technology Management Organization <input type="checkbox"/> Consulting	<input type="checkbox"/> Health Services Provider <input type="checkbox"/> Shared Service Organization <input type="checkbox"/> Other Please explain: _____
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C. Please select the desired annual membership level.

Countries: in column 1 in Column 2

<input type="checkbox"/> 10 Representative Package	\$ 690.00	\$460.00
<input type="checkbox"/> 20 Representative Package	\$1,313.00	\$ 876.00
<input type="checkbox"/> 30 Representative Package (Bronze Level).....	\$1,875.00	\$1,250.00
<input type="checkbox"/> 50 Representative Package (Silver Level).....	\$3,015.00	\$2,010.00
<input type="checkbox"/> 100 Representative Package (Gold Level)	\$5,850.00	\$3,910.00
<input type="checkbox"/> _____ Additional Representatives @ \$57.00/\$38.00 each.....		
TOTAL.....		\$ _____

It is not necessary that Representatives be directly related to medical instrumentation management. Anyone with an interest in the profession can be designated as Representative. All Representatives will automatically have "Associate" status until they have successfully completed the corresponding ACCE application procedure for "Individual", "Fellow", or "Emeritus" status (please see additional information in section E. Select Membership Representatives). All employees of a Corporate Member receive the same discount as members for Training/Teleconferences.

D. Payment Method

<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Card Number: _____ Expiration date: _____ Cardholder Name: _____ Cardholder Signature: _____ Zip code: _____	<input type="checkbox"/> Enclosed check payable to ACCE <small>Check must be in U.S. dollars and drawn on a U.S. Bank</small> <input type="checkbox"/> Contact me for billing instructions Name: _____ Telephone: _____ Email: _____
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Membership fees paid to ACCE are not tax deductible as charitable contributions for federal income tax purposes but they may be tax deductible under other provisions of the Internal Revenue Service.

E. Select Membership Representatives

All Representatives registered with the paid Corporate Membership will automatically have “Associate” status *and must complete the corresponding application form*. Individuals who wish to achieve “Individual” or “Fellow” status must complete the corresponding ACCE application process successfully. Individuals who had “Individual”, or “Fellow” status previously to becoming Representatives will maintain their status. Fees paid previously to becoming a Corporate Representative will not be refunded. Representatives’ ACCE status will cease if the Corporate Membership is not renewed. Representatives who wish to continue their relationship with ACCE even without the existence of a Corporate Membership can do so individually.

It is the responsibility of the **Primary Representative** to serve as the main contact between the Corporate Member and ACCE, facilitate the Corporate Membership annual renewal, and submit updated lists of Representatives as necessary.

Primary Representative

1. Name: _____

Additional Representatives

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

6. Name: _____

7. Name: _____

8. Name: _____

9. Name: _____

10. Name: _____

11. Name: _____

12. Name: _____

13. Name: _____

14. Name: _____

15. Name: _____

Please make copies of this sheet as necessary to register additional Representatives.

F. Please mail your completed Application with Check or Credit Card information to:

**AMERICAN COLLEGE OF CLINICAL ENGINEERING
5200 Butler Pike
Plymouth Meeting, PA 19462-1298**

If using Credit Card, you may complete the Application, scan it, and email it to Secretariat@accenet.org

If you have any questions or need additional information please email Secretariat@accenet.org

Additional Representatives

- 16. Name: _____
- 17. Name: _____
- 18. Name: _____
- 19. Name: _____
- 20. Name: _____
- 21. Name: _____
- 22. Name: _____
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- 48. Name: _____
- 49. Name: _____
- 50. Name: _____



AMERICAN COLLEGE OF CLINICAL ENGINEERING

MEMBERSHIP APPLICATION COMPLEMENT FORM

Please complete this page for each representative who is applying for ASSOCIATE Membership.

Name: _____
Specialty: _____
Degree(s): _____
Professional Certification or Registration: _____

BUSINESS ADDRESS:

Employer: _____
Title: _____
Department: _____
Street: _____
City, State, Zip: _____ Country _____
Phone: (____) _____ Fax: (____) _____
Business E-mail address: _____

HOME ADDRESS:

Street: _____
City, State, Zip: _____ Country _____
Phone: (____) _____ Fax: (____) _____
Home E-mail address: _____

Preferred Destination for Correspondence & Newsletter: Office Address Home Address Home E-mail Office E-mail

I am applying for Associate Member

Required → I am committed to the mission of this organization.

Our Mission:

- To establish a standard of competence and to promote excellence in clinical engineering practice.
- To promote safe and effective application of science and technology in patient care.
- To define the body of knowledge on which the profession is based.
- To represent the professional interests of clinical engineers.

I hereby state that this application is correct to the best of my knowledge:

Signature: _____

Date: _____



AMERICAN COLLEGE OF CLINICAL ENGINEERING

MEMBERSHIP APPLICATION COMPLEMENT FORM

Please complete this page for each representative who is applying for INDIVIDUAL Membership.

Name: _____
Specialty: _____
Degree(s): _____
Professional Certification or Registration: _____

BUSINESS ADDRESS:

Employer: _____
Title: _____
Department: _____
Street: _____
City, State, Zip: _____ Country _____
Phone: (____) _____ Fax: (____) _____
Business E-mail address: _

HOME ADDRESS:

Street: _____
City, State, Zip: _____ Country _____
Phone: (____) _____ Fax: (____) _____
Home E-mail address: _____

Preferred Destination for Correspondence & Newsletter: Office Address Home Address Home E-mail Office E-mail

I am applying for Individual Member - Please check relevant qualifications below and unless you are CCE, attach a current copy of your curriculum vitae/résumé:

Required → I am committed to the mission of this organization.

Required → I have been in the professional practice of clinical engineering for at least three (3) Years and meet one or more of the following four (4) conditions:

One of four required

- I possess a Baccalaureate degree (or higher) in an Engineering discipline, Science or Engineering Technology from an accredited College or University; (or Foreign equivalent); or
- I am certified as a Clinical Engineer (CCE) by a body recognized by ACCE;
- I can demonstrate at least three (3) additional years of Clinical Engineering practice in position of responsibility beyond the basic three (3) year requirement; or
- I am seeking a recommendation by the Membership Committee in recognition of a significant contribution to the profession of Clinical Engineering.

I hereby state that this application is correct to the best of my knowledge:

Signature: _____

Date: _____