

## Membership Application Form

### Application Fee

Please complete ACCE Membership Categories section on page 2 of application and check appropriate box below to make a selection. Please see [country table](#) for your membership rate. Country \_\_\_\_\_

<input type="checkbox"/> Individual (voting member)	<input type="checkbox"/> US\$ 100.00	<input type="checkbox"/> US\$ 65.00	<input type="checkbox"/> US\$ 25.00
<input type="checkbox"/> Associate (non-voting member)	<input type="checkbox"/> US\$ 100.00	<input type="checkbox"/> US\$ 65.00	<input type="checkbox"/> US\$ 25.00

### Payment Method

Enclosed check payable to ACCE (Check must be in U.S. dollars and drawn on a U.S. Bank)

PayPal                       e-invoice needed

Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Professional Certification or Registration: \_\_\_\_\_

**BUSINESS ADDRESS:**

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Country \_\_\_\_\_

Business E-mail address: \_\_\_\_\_ Mobile: \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Country \_\_\_\_\_

Home E-mail address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred Destination for Correspondence & Newsletter:

Business E-mail       Home E-mail

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_

## **ACCE MEMBERSHIP CATEGORIES**

There are two classifications of membership available to new applicants.  
Please check membership category applied for **AND** applicable qualifications.

### **Individual (Voting) Member**

*Please check relevant qualifications below **and** attach a copy of your current detailed curriculum vitae/résumé that explains your professional credentials and outline your years in clinical engineering work (please include a sentence or two for each work experience to show that it is engineering work):*

**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; or
- 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.

### **Associate (non-voting) Member**

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

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- If paying with check, please mail your completed application along with your check to:  
American College of Clinical Engineering  
2880 Bicentennial Pkwy, Ste 100 #249  
Henderson, NV 89044
  - If paying with PayPal, or e-invoice, you may submit the completed application package via email to [Secretariat@accenet.org](mailto:Secretariat@accenet.org)

If you have any questions or need additional information, please contact us at [Secretariat@accenet.org](mailto:Secretariat@accenet.org)