

## 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"/> <b>Individual (voting member)</b>	<input type="checkbox"/> US\$ 75.00	<input type="checkbox"/> US\$ 50.00	<input type="checkbox"/> US\$ 15.00	<input type="checkbox"/> US\$ 4.00
<input type="checkbox"/> <b>Associate (non-voting member)</b>	<input type="checkbox"/> US\$ 75.00	<input type="checkbox"/> US\$ 50.00	<input type="checkbox"/> US\$ 15.00	<input type="checkbox"/> US\$ 4.00
<input type="checkbox"/> <b>Candidate (non-voting member)</b>	<input type="checkbox"/> US\$ 38.00	<input type="checkbox"/> US\$ 25.00	<input type="checkbox"/> US\$ 8.00	<input type="checkbox"/> US\$ 2.00

### Payment Method

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

**Credit Card**     Visa/MC     AMEX     PayPal     e-invoice needed

Card Number: \_\_\_\_\_

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

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Preferred Destination for Correspondence & Newsletter:

Business Address     Home Address     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 three 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 current copy of your 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**  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.

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

*Please check relevant qualifications below and attach curriculum vitae/résumé documents*

I am interested in the purpose of this organization and meet the following condition:

**Required**  Completing the 3-year clinical experience requirement for individual membership after receiving a baccalaureate or graduate in engineering, or engineering technology degree.

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**Please mail your completed Application with Check to:**  
**American College of Clinical Engineering- ACCE**  
**2880 Bicentennial Pkwy, Ste 100 #249**  
**Henderson, NV 89044**

**Or:** If using Credit Card or PayPal or e-invoice, you may email your completed Application 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)