

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\$ 75.00	<input type="checkbox"/> US\$ 50.00	<input type="checkbox"/> US\$ 15.00	<input type="checkbox"/> US\$ 4.00
<input type="checkbox"/> Associate (non-voting member)	<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"/> Candidate (non-voting member)	<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: _____ Fax: _____

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:** _____

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.

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

If you have any questions or need additional information, please contact us at Secretariat@accenet.org