

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

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

Credit Card Visa/MC AMEX

Card Number: _____
 Cardholder Name: _____
 Expiration date: _____ Security Code: _____ Zip Code: _____
 Cardholder Signature: _____

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 Credit Card, PayPal, or e-invoice, you may submit the completed application package via email to Secretariat@accenet.org

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