SHET/NJ
Society for Healthcare Education and Training
For today's leading healthcare educators

Membership Application Form

To facilitate your membership process, print neatly, and complete all requested information.

Your membership packet will be sent to your preferred address.

NAME: _____

TITLE: _____

ORGANIZATION: _____

WORK ADDRESS: _____

_____

_____

WORK PHONE #: _____

EMAIL: _____

HOME ADDRESS: _____

_____

HOME PHONE #: _____

PREFERRED MAILING ADDRESS: Ĭ Work Ĭ Home

MEMBERSHIP IS: Ĭ Renewal Ĭ New

YEARS WITH SHET/NJ: _____

I AM INTERESTED IN: Ĭ Having a Mentor Ĭ Becoming a Mentor

Ĭ Gaining Experience on the Board Level *(resume alert!)*

PRIMARY PRACTICE AREA: _____

BIRTHDAY: (MONTH/DAY) _____

Please send the $50.00 membership fee with completed application to:

Annette Keller
11 Metedeconk Road
Howell, NJ 07731

Make checks payable to: SHET/NJ

January 28, 2011