MEMBERSHIP APPLICATION
Please Print

____
First Name M.I. Last Name

____
Position or Title Organization

____
Address

____
City/State Zip Code

Phone #:___________________ Fax #:___________________

E-mail address: ____

____
Mailing address (if other than above) City/State

Facility Profile:

______Acute Care ______Federal ______# of Beds

______Specialty ______Municipal ______# of FTE's

______Nursing Home ______Children's ______# of Meals Per Day

______Other______________________________

Biographical Profile:

Education (check highest grade completed)___12___13___14___15___16___17___18

List Post High School Education: Name of institutions, dates and Degrees

____
____
____
____
____

Employment during past five years

Dates ____ Names of Organizations ____ Title or Position
____
____
____

Wisconsin Chapter of the American Society for Healthcare Food Service Administrators

Other Related Experience: ______________________________________
____

Membership in Professional or Technical Associations: ______________________
____
____

Are you responsible for total administration of the Food Service department? _________

If not, with whom is responsibility shared? ______________________________

Do you devote full time to Food Service Administration? ____________________

To whom do you report? (title)____________________________________

Do you hold membership in National ASHFSA?__________________________

Dues and Membership Category Requested:

Membership Category: ______Active $45.00 ______Allied $65.00
______Student $15.00 ______Retired$15.00

Facility Membership 2 or 3 ______$40.00 each _______$35.00 each 4 or more

Annual dues in the amount of $________are enclosed. I understand that my check will be held until the approval of this application. If the application is not approved, my check will be returned.

Signature: ______________________________ Date: _________________________

Please forward application and dues to:

Pat Ackermann
Supervisor, Food Management
West Allis Memorial Hospital
8901 W. Lincoln Ave.
West Allis, Wisconsin 53227