



# SHET/NJ

Society for Healthcare Education and Training

*For today's leading healthcare educators*

**Membership Application Form**

Renewal    New

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 #:** \_\_\_\_\_ **OR CELL PHONE#** \_\_\_\_\_

**PREFERRED MAILING ADDRESS:**       Work       Home

**MEMBERSHIP IS:**               Renewal       New

**ANPD member?**      Y / N

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

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

**PRIMARY PRACTICE AREA:** \_\_\_\_\_

Please send the \$55.00 membership fee with completed application to:

**\*\*\*Special renewal fee, \$50.00, if postmarked by March 1, 2015!\*\*\***

**Stephanie Loadholt  
289 Main Street Unit #4C  
Spotswood, NJ 08884**

**Make checks payable to: SHET/NJ**