

Amt. Recd. \$ _____

Check # _____

2024 APPLICATION FOR MEMBERSHIP

KANSAS HEALTHCARE ENVIRONMENTAL and LINEN SERVICES ASSOCIATION

☐ **New Membership**

☐ **Membership Renewal**

I hereby apply for membership in KHELSA and certify that I meet the membership requirements. (Please check the appropriate membership category.)

Membership Eligibility Requirements

☐ **Type I** Full membership shall be available to persons who are currently employed by a Kansas health care member facility/provider, either full or part time, in the field of healthcare environmental services or linen services. Only Type I members shall be eligible to serve as Officers and Directors of the Kansas Healthcare Environmental and Linen Services Association. Also, only Type I members are eligible to vote.

☐ **Type II** Patron membership shall be available for: (1) national manufacturing companies; (2) regional/area distributors; and (3) sales individuals active in the manufacturing and marketing of housekeeping/environmental services and/or laundry/linen products.

Please type or print clearly.

NAME _____
(Last) First (Middle Initial)

TITLE _____

HOSPITAL/BUSINESS _____
(Name)

(Street) (City) (Zip Code)

E-MAIL ADDRESS _____

HOSPITAL/BUSINESS TELEPHONE # _____
(Area Code) (Number)

CELL PHONE # (will not publish, for emergencies) _____

OTHER AREAS OF RESPONSIBILITY: _____

☐ **\$50 fee enclosed for Type I membership**

☐ **\$75 fee enclosed for Type II membership**

Make check payable to the Kansas Healthcare Environmental and Linen Services Association and return completed application form and check to: KHELSA, 215 S.E. 8th Ave., Topeka, Kansas 66603-3906.

Following the initial application, membership fees will be due at the beginning of each year, January 1. Dues are delinquent after March 31 of each year.

Signature of Applicant