

WSHSC Membership Application

SAFETY COUNCIL

The Washington State Healthcare Safety Council (WSHSC) http://www.wahealthcaresafety.org/ was created as a mechanism to provide an opportunity to **network** among safety professionals in healthcare, keep abreast of the ever-changing and evolving **rules and regulations**, enhance **learning** and **professional development**, and **exchange ideas and programs** which have been proven to be successful. We invite you to join or renew your membership in the WSHSC!

Your membership with WSHSC allows you to take advantage of meetings and educational programs provided throughout the State. These seminars are periodically scheduled throughout the year on topics related to healthcare safety and are FREE to members. In addition, your membership enables you to participate in individual and organizational recognition awards. For a *nominal fee*, your organization can stay connected and current with safety standards, resources, and professional development!

Dues are based on number of employees per organization (not FTEs) and apply to the calendar year. A facility is defined by the scope of its business license and shall include any affiliated clinic. Umbrella organizations are defined by the scope of its business license, whose comprised membership may join the WSHSC and thereby accord simultaneous membership in the WSHSC for all of its constituents.

Category I	< 100 employees	\$50.00
Category II	100 – 2000 employees	\$100.00
Category III	2001-4000 employees	\$150.00
Category IV	4001 - 5000 employees	\$200.00
Category V	> 5000 employees	\$300.00

Pay via Paypal on the <u>membership page www.wahealthcaresafety.org</u> **AND** email/send completed application to Jean Borth, Treasurer at: <u>Jean Borth@valleymed.org</u>

OR make checks payable to the Washington State Healthcare Safety Council (WSHSC), and send with completed membership application:

WA State Healthcare Safety Council PO Box 23741 Federal Way, WA 98093

*Please email Jean if you require a W-9 Taxpayer Identification Number (TIN) for payment.

Organization					
Address					
Contact Name					
Title					
Telephone Number		Fax Number			
EMAIL Address					
Is it okay to share this information with other WSHSC members?					NO □
Is it okay to share this information other professional healthcare organizations?					NO □

^{**}For membership questions, email Judith Davies at jbdavies@fredhutch.org or call 206-667-5785**