

Associate Members. Associate Members do not vote except on such matters which, pursuant to law, require the vote of all classes of members. Applicants for active membership must hold a doctoral degree and should either be: 1) the head of a hospital epidemiology program or engaged on a full-time basis as a hospital epidemiologist or 2) employed by a federal, state or local governmental health agency that has a direct interest in hospital epidemiology. Applicants holding a doctoral degree, but not meeting either 1) or 2) above, may be considered for membership, provided they work in the field of hospital epidemiology. Associate membership applicants must hold a doctoral degree and be participating in an appropriate training program in the field of hospital epidemiology. All applications for membership shall be initiated in writing by the candidate for membership and shall be submitted for consideration to the Board of Trustees. A majority of the members of the Board of Trustees voting is required for acceptance to membership of all applicants.

Annual SHEA Luncheon/ Business Meeting

The annual SHEA luncheon and business meeting will be held in conjunction with the upcoming Inter-science Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in Houston. Our on-site representative, Dr. Edward Septimus, has secured the ballroom of the Four Seasons Hotel for 11:30A.M.-2:00P.M., Monday, September 18, 1989. This location is within walking distance of the Convention Center, where ICAAC will be held. Because the IDSA meetings will be on the Saturday and Sunday preceding ICAAC, our SHEA meeting has been moved to Monday. Later this summer, you should be receiving more specific information and a luncheon reservation form for you and your guests.

Brief items of interest for the SHEA Newsletter may be sent to Robert A. Weinstein, MD, SHEA Newsletter Editor, Division of Infectious Diseases, Michael Reese Hospital, Lake Shore Drive at 31st St., Chicago, IL 60616. Copy must be typed, double-spaced, and may not exceed five pages.

Membership Application Inquiry:

Mail to: Secretary
Society of Hospital
Epidemiologists of America
% Slack, Incorporated
6900 Grove Road
Thorofare, NJ 08086

NAME: _____

CURRENT POSITION: _____

ADDRESS: _____

_____ ZIP _____

Doctoral Degree ___ ML) ___ PhD

Date and University: _____

Specify work in hospital epidemiology and related fields: _____

Dates in this position: _____

Related work in the field: _____

Check type of membership application:

Active Membership
(Calendar year dues \$7.5)

Associate Membership
(Calendar year dues \$35)