



Membership Application

(Please Print)

Name: _____ Title/Acad. Prog: _____

<input type="checkbox"/> New
<input type="checkbox"/> Renewal
<input type="checkbox"/> NAHQ Member
<input type="checkbox"/> CPHQ

Employer or School: _____

Address: _____

Phone: _____ Home phone: _____

FAX: _____

E-mail: _____

NEW MEMBERS: Have you previously been a guest or a speaker at an NHAHQ meeting or event? If yes, please check: Guest Speaker

Member Profile

In order for the organization to better serve your needs, please check all that apply:

Organization/Agency/Facility Type:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> General/Acute | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Long Term |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Consulting | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Hospice | <input type="checkbox"/> Teaching | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Other: _____ | | | |

Area(s) of Responsibility:

- | | | |
|---|---|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Information Management | <input type="checkbox"/> Utilization Management |
| <input type="checkbox"/> Quality Management | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Health/Safety |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Staff Development | <input type="checkbox"/> Research |
| <input type="checkbox"/> Other: _____ | | |

Area(s) of Interest:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Quality Mgmt |
| <input type="checkbox"/> Health/Safety | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Staff Development | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Networking | <input type="checkbox"/> Consultation | <input type="checkbox"/> Utilization Mgmt |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> CPHQ Certification | <input type="checkbox"/> CPHQ Mentor | |
| <input type="checkbox"/> Presentation of Continuing Education Program | <input type="checkbox"/> Information Management | | |
| <input type="checkbox"/> Other Benefit Anticipated From Membership: _____ | | | |

Would you consider participating on one of the Association's committees:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> By-Laws/Election | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Finance/Budget Review | <input type="checkbox"/> Communication | |

Please Note: Members must meet qualifications as outlined in NHAHQ Bylaws.

Membership dues: \$35.00 per year – Membership expires each August.

Student Membership dues: \$15.00 per year- Membership expires each August.

Make checks payable to: **New Hampshire Association for Healthcare Quality (NHAHQ)**

Mail form and dues to: Mary Reagan, PI/UR, VA Medical Center, 718 Smyth Road, Manchester, NH 03304

Applicant Signature: _____ Date: _____