



# 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: \_\_\_\_\_