



APPLICATION FOR MEMBERSHIP

Texas Association for Healthcare Quality, Inc.

Membership Renewal New Application

Membership \$50.00 Annually
This membership is available to individuals who are involved in the healthcare quality field or have an interest in healthcare improvement.

Name: Credentials:

Work Title:

Employer:

Work Mailing Address:

City: State: Zip: County:

Indicate mailing preference. USE WORK ADDRESS USE HOME ADDRESS

Home Mailing Address:

City: State: Zip:

Work Phone () - EXT

Fax# () -

Home Phone (optional) () -

Unless requested, home phone will not be published.

E-mail:

If you would like to include a tax-deductible donation to the TAHQ Educational Grant Fund, please indicate the amount here include that amount with your payment.

AMOUNT TO BE DONATED: \$

NAHQ INQUIRY

Are you a member of NAHQ? YES NO
Would you like information? YES NO

I am interested in serving TAHQ in the following areas:

TAHQ Board

- President Elect Secretary/Treasurer
Local Area Chair Membership Chair
Nominating Chair Communication Chair
Education Chair Member At Large

Volunteer Opportunities:

- Bylaws Membership
Awards Newsletter
Nominations Legislative Committee
Education Finance

LOCAL ASSOCIATION INQUIRY

Are you a member of a local TAHQ chapter? YES NO
Would you like information? YES NO

Please indicate the type of setting in which you practice: (Check one only as the primary setting)

- General, acute Ambulatory Managed care Long term, rehab Behavioral health QIO/Regulatory
Home health Multi-system Consultant/service Hospice Federal, acute Other (List)

Please indicate your practice responsibilities: (Indicate only one with a P for "primary responsibility" but check all that apply)

- Organization QA/QI Utilization management Medical Staff QA/QI Administrative Nursing QA/QI Case management
Risk management Consultant Information mgmt Analysis/research Other

Who can we thank for referring you to TAHQ: (Name/Address)

APPLICANT SIGNATURE: DATE:

IF PAYING BY CREDIT CARD, MAIL APPLICATION TO ADDRESS LISTED BELOW WITH CREDIT CARD INFORMATION OR FAX TO 972-285-0357:

Amount: \$ Circle One: Visa MasterCard American Express
Card Number: Card Expires: /

Print card holder's name as it appears on the card:

Signature:

IF PAYING BY CHECK, MAIL APPLICATION AND CHECK TO: TAHQ, P.O. Box 852789, Mesquite, Texas 75185
Phone: (877) 756-4400 Fax: (972) 285-0357