Founded in 1977

2010 Membership Application Form

Texas Gulf Coast Association for Healthcare Quality

TGCAHQ • P.O. Box 301121 • Houston, TX 77230-1121

http://www.tgcahq.org

Vision Statement

Texas Gulf Coast Association for Healthcare Quality will empower healthcare professionals to define and deliver vanguard quality in healthcare and wellness services.

Mission Statement

TGCAHQ provides education and networking opportunities to enhance healthcare professionals' capacity to measure and improve quality in healthcare services. TGCAHQ sponsors educational offerings that focus on the processes of current healthcare delivery as well as new applications and theory. Our purpose is to develop and sustain quality improvement professionals in all venues of healthcare and wellness activities.

Membership Information

Membership in TGCAHQ is open to professionals involved in the functions of healthcare quality management, performance improvement, risk, and utilization management, outcomes assessment, and other related healthcare disciplines. Meetings are held to provide educational offerings and to conduct organizational business. Annual Spring and Fall Seminars provide comprehensive and contemporary continuing education. CNE contact hours are available where applicable at meetings and seminars.

Membership dues are $45.00 per year with renewal in January. Dues are not prorated. Please complete all the requested information on the form below. We require that you include an email address as all communications from the organization will be electronic. The information requested is needed for our providership status and organizational program planning. Complete the membership application and mail the form with your payment to the address listed above. If you would like to pay by credit card, go online at http://www.tgcahq.org. You must still complete the membership form and return it to us! Please send the completed form to the above address or email to membership@tgcahq.org.

NAME: _____ ☐ **Renewal Membership** ☐ **New Membership**

CREDENTIALS: _____ **Month and Day of Birth:** _____

☐ **CPHQ** ☐ **I am also a member of NAHQ** ☐ **I am also a member of TAHQ**

ADDRESS FOR *TGCAHQ* DIRECTORY:

Contact Information	
***Address Line 1**	
Address Line 2	
***City, State, ZIP**	
***Phone**	**H: ( ) W: ( )**
***Email Address**	**H: W:**
***Employer Name**	
***Position/Title**	

(* Required fields) ***Incomplete applications will be returned.***

Our TGCAHQ Mission includes providing networking opportunities. Your name and contact information will be available to other members unless you inform us in writing of your desire to not release the information. Signing this form will be interpreted by us as your permission for that release. If you choose to not release your information, please provide a separate written notice to us at the address above.

For further Information, you can contact us at info@tgcahq.org

SIGNATURE: _____

FOR OFFICIAL USE: REVISED 1009 DATE REC'D_____ MBR CH:_____ TREAS:_____