

**MEMBERSHIP APPLICATION**  
**Quality - Tarrant/North Texas (Q-TNT)**  
**PO Box 100456**  
**Fort Worth, TX 76185**

**Purpose of the Association**

Provide collaborative opportunities for healthcare quality professionals to share information and to provide education for enhancement of professional knowledge/skills, which will in turn promote quality and cost effective healthcare in the communities and agencies that are served.

**Membership Information**

Membership in the Association shall be granted to any person who is interested in and agrees to support the purposes and activities of the Association, abide by the Bylaws and such rules and regulations as the Association may adopt and meets the additional criteria established for each category of membership in the Association as follows:

**Individual Members** - any individual having responsibility for or an interest in professional healthcare quality management.

**Honorary Members** - an individual who has rendered outstanding service to the Association as determined by a majority vote of the membership.

**Dues** - Annual dues shall be \$25.00 per year to be paid in full by December 31 of the prior year. No refunds will be made.

Please complete all the requested information on the form below and mail to the address listed above.

NAME: \_\_\_\_\_ New Member \_\_\_\_\_  
Renewal \_\_\_\_\_  
Yes

CREDENTIALS \_\_\_\_\_ INTERNET ACCESS ? No

EMAIL ADDRESS \_\_\_\_\_

PREFERRED MAILING ADDRESS Home \_\_\_\_\_  
Work \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

**WILLINGNESS TO SERVE**

Plan a Presentation \_\_\_\_\_ Be a Presenter (topic) \_\_\_\_\_  
Serve on a Committee \_\_\_\_\_ Assist with a newsletter \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

QTNT MEMBER