



Founded in 1977

2008 MEMBERSHIP INFORMATION FORM  
TEXAS GULF COAST ASSOCIATION FOR HEALTHCARE QUALITY

TGCAHQ • P.O. Box 301121 • Houston, TX 77230-1121  
[www.groups.yahoo.com/group/tgcahq/](http://www.groups.yahoo.com/group/tgcahq/)

**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. CE contact hours are available where applicable at meetings and seminars. A periodic newsletter is published for the membership and is sent via email or regular mail.

*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. This information is necessary for providership status and organizational program planning. Mail to address listed above.

NAME: \_\_\_\_\_

Renewal Membership     New Membership

CREDENTIALS: \_\_\_\_\_ Last 4 Numbers of SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS FOR TGCAHQ DIRECTORY:

Contact Information		<input type="checkbox"/> Home <input type="checkbox"/> Work
*Address Line 1		
Address Line 2		
*City, State, ZIP		
*Phone	(     )	
*Email Address		
*Employer Name		
*Position/Title		

(\* Required fields)

***Incomplete applications will be returned.***

Further Information is available to members at the TGCAHQ listserv group at [www.groups.yahoo.com/group/tgcahq/](http://www.groups.yahoo.com/group/tgcahq/).

SIGNATURE: \_\_\_\_\_