

**MAINE AHQ**  
Maine Association for Healthcare Quality  
**Membership Application**

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ Today's Date \_\_\_\_\_

Name and Credentials (Print): \_\_\_\_\_

Employer Name / Address \_\_\_\_\_

Position/Title: \_\_\_\_\_

**CONTACT INFORMATION** (notify MaineAHQ Membership Committee if information changes)

Phone: Work \_\_\_\_\_ FAX \_\_\_\_\_ Home \_\_\_\_\_

Home Mailing Address: Street/PO Box: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Preferred Contact: Home \_\_\_\_ Work: \_\_\_\_

**PROFESSIONAL RESPONSIBILITIES** (check all that apply)

\_\_\_\_ Quality/Performance Improvement; \_\_\_\_ Home Health; \_\_\_\_ Utilization Review; \_\_\_\_ Case Management

\_\_\_\_ Risk Management; \_\_\_\_ Epidemiology; \_\_\_\_ Insurance; \_\_\_\_ State/Local Government; \_\_\_\_ Hospital;

\_\_\_\_ Specialty Hospital; \_\_\_\_ Nursing Facility; \_\_\_\_ Behavioral Health; \_\_\_\_ State; \_\_\_\_ Consultant;

\_\_\_\_ Home Health; Other \_\_\_\_\_

Current National AHQ Member? NO \_\_\_\_ YES \_\_\_\_

Current CPHQ? NO \_\_\_\_ YES \_\_\_\_ Expiration year: \_\_\_\_\_ Other Certification; \_\_\_\_\_;

**VOLUNTEER INTERESTS** (check all that apply)

\_\_\_\_ Newsletter; \_\_\_\_ Website; \_\_\_\_ Finance; \_\_\_\_ Bylaws; \_\_\_\_ Membership; \_\_\_\_ Education / Program ;

\_\_\_\_ Nominating; \_\_\_\_ Special Projects; \_\_\_\_ Other: \_\_\_\_\_

Comments \_\_\_\_\_

**MEMBERSHIP IS ANNUALIZED FROM JANUARY 1, THROUGH DECEMBER 31 OF EACH YEAR**

**Membership Dues:** \$50.00 Annually. MAHQ Members who are also Members of NAHQ will pay reduced annual dues of \$35.00. Membership is non-transferable. Checks should be made payable to *MAHQ* and forwarded with this application to:

**Rhonda Lanzara-Dalfonso, RN**  
Senior Quality Specialist  
Mercy Hospital  
144 State St  
Portland, ME 04101

**I HEREBY APPLY FOR MEMBERSHIP TO MAHQ**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_