



Maine Association for Healthcare Quality 2008 Membership Application

New Membership _____

Membership Renewal _____

Name and Credentials: _____

Employer: _____

Position/Title: _____

Contact Information

Work Phone: (____) _____ Cell Phone: (____) _____

Home Phone: (____) _____

Address: Street/PO Box: _____

City/Town: _____ State: _____ Zip/Postal Code _____

Work Email: _____ @ _____

Alternate Email: _____ @ _____

Professional Responsibilities/Interests (please check all that apply)

- Quality/Performance Improvement Home Health Utilization Review Case Management Risk Management Epidemiology Insurance State/Local Government Other

Are you a current member of the national association NAHQ? YES ____ NO ____

If yes, expiration date: ____ / ____ / ____

Are you a current CPHQ? YES ____ NO ____ If yes, expiration date: ____ / ____ / ____

Would you be willing to serve on a committee and/or help with special projects? YES ____ NO ____

Membership Dues: \$50.00 Annually. Membership is non-transferable. Checks should be made payable to MAHQ and forwarded with this application to: Betsy Shew, MAHQ Treasurer c/o 196 Old Lewiston Road North Monmouth, ME 04265 I HEREBY APPLY FOR MEMBERSHIP TO MAHQ Signature: _____ Date: ____ / ____ / ____