



Maine Association for Healthcare Quality Membership Application

Today's Date _____

NEW _____ RENEWAL _____

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 Dues: \$50.00 Annually. Membership is non-transferable. Checks should be made payable to MAHQ and forwarded with this application to:

Joanne Fuller, RN, QIC
Medical Affairs
St. Mary's Regional Medical Center
P.O. Box 291
Lewiston, ME 04243

I HEREBY APPLY FOR MEMBERSHIP TO MAHQ

Signature:

Date: