

MEMBERSHIP APPLICATION



AAHQ Membership Application

Name:		Telephone:	
Title:		Fax:	
Organization:		Email:	
Mailing Address:			

Please answer the following questions:

Willingness to serve on an AAHQ Action Team:

- Finance Communication Protocol
 Education Membership

Are you a current member of National Association for Healthcare Quality? _____

Have you volunteered, even if not selected, to assist NAHQ? (i.e., focus groups, surveys, conference calls, quality quotes, leadership councils, teams, etc.)

How did you celebrate Quality Week?

Have you published in a journal or text book? (please list)

Have you presented presentations, posters, papers, or lecture? (please list)

By whom were you recruited? _____

Comments:

Membership Dues: \$50 Annually **Make Check Payable to:** *Arkansas Association for Healthcare Quality*
Return Form and Check to: Arkansas Association for Healthcare Quality
 Arkansas Hospital Association
 419 Natural Resources Drive
 Little Rock, AR 72205
 Telephone: 501-224-7878 Fax: 501-224-0519