

# MEMBERSHIP APPLICATION



# AAHQ Membership Application

<b>Name:</b>		<b>Telephone:</b>	
<b>Title:</b>		<b>Fax:</b>	
<b>Organization:</b>		<b>Email:</b>	
<b>Mailing Address:</b>			

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:** \$65 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