

# 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>		<b>CPHQ</b>	Yes _____ No _____

*Please answer the following questions:*

**Willingness to serve on an AAHQ Action Team:**

- |                                 |                                     |                                |
|---------------------------------|-------------------------------------|--------------------------------|
| <input type="radio"/> Finance   | <input type="radio"/> Communication | <input type="radio"/> Protocol |
| <input type="radio"/> Education | <input type="radio"/> Membership    |                                |

**Are you a current member of National Association for Healthcare Quality? \_\_\_\_\_ Joined \_\_\_\_\_**

**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

**Return Form and Check to:**

**Make Check Payable to:** *Arkansas Association for Healthcare Quality*

Arkansas Association for Healthcare Quality

Arkansas Hospital Association

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