

# 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>Recruited By:</b>	

**Which of the following team(s) would you consider joining?**

- Communication                       Protocol  
 Professional Development            Membership Services

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

- Yes, Year Joined \_\_\_\_\_            No

**Have you volunteered to assist NAHQ?** (i.e., focus groups, surveys, conference calls, task forces, e-news contributor, teams, etc.)


**How did you celebrate Quality Week?**


**Have you published in a journal or text book?** (Please list.)


**Have you presented posters, papers, lectures or other presentations?** (Please list.)


**Comments:**


**Annual 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

