

Nebraska Association for Healthcare Quality, Risk, and Safety (NAHQRS)

MEMBERSHIP APPLICATION 2009 DUES ARE \$50.00

Please complete this form and send your 2009 dues of \$50.00 to:

Cathy Broz, RN
NAHQRS Membership Secretary
Dundy County Hospital
1313 North Cheyenne
Benkelman, NE 69021

Checks need to be made out to: NAHQRS. An updated membership directory will be published in Spring of 2009.

Welcome to NAHQRS!

NAME: _____

TITLE: _____

ORGANIZATION: _____

MAILING ADDRESS: _____

E-MAIL: _____

WORK PHONE: _____

HOME PHONE (Optional): _____

FAX: _____

Member of NAHQ: Yes () No ()

Member of ASHRM: Yes () No ()

CPHQ Certified: Yes () No ()

CPHRM Certified: Yes () No ()

Other Professional Organizations / National Certifications:

A successful organization depends on its member to provide their time and talents toward the goals of the organization. Please check all of the following which are of interest to you:

<input type="checkbox"/> Host a Meeting	<input type="checkbox"/> Serve as an officer
<input type="checkbox"/> Present/facilitate at a meeting or workshop	<input type="checkbox"/> Write an article for the Newsletter
<input type="checkbox"/> Serve on a Committee (If yes, select committee below.)	<input type="checkbox"/> Serve as a Mentor

(Please select any committee below you are willing to serve on as a member.)

_____ Nominating Team

_____ Membership Team

_____ Bylaws Team

_____ Education Team

_____ Legislative Team

_____ Communication Team