

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

## MEMBERSHIP APPLICATION

Select Type of Membership:

- ( ) Individual - \$50 dues before 2-05-10  
\$55 dues after 2-05-10
- ( ) Facility \$125 dues before 2-5-10/\$135 dues  
after 2-5-10. For Facility Memberships,  
please complete a membership application  
for each of your two voting members. (May  
bring additional employees to meetings.)

Please complete this form and send your 2010 dues to:

Cathy Broz, RN  
NAHQRS Membership Secretary  
Dundy County  
P.O. Box 626  
Benkelman, NE 69021

Checks need to be made out to: NAHQRS. An updated membership directory will be published in Spring of 2010.

### 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

