**2024 Membership Form**

**□Membership Dues--$55 □New Membership □Renewal Membership**

**Please make checks payable to NAHQRS**

**Deadline for dues is January 1, 2024**

MEMBER INFORMATION (as you wish it to appear in the membership directory)

NAME & TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Type: □Acute care hospital □Teaching/University hospital □Psychiatric facility
 □Federal hospital (VA) □Managed Care Organization □Rehabilitation Facility
 □Long term care □Home Health Care □External Review (PRO)
 □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Organization Membership(s) Professional Certification(s)**

□NAHQ □ ASHRM □ Other:\_\_\_\_\_\_\_ □CPHQ □ CPHRM □ Other:\_\_\_\_\_\_\_\_\_

**Send completed membership application & dues to:**

**Nicole Blaser(Check to NAHQRS-Not Nicole Blaser)**

**4600 38th Street Columbus, NE 68361**

I am interested in becoming more involved with NAHQRS. Please contact me to:

□Hold an office □ Serve on a committee □ Host a meeting □ Present at a meeting

*\*Membership is not to be used for personal profit or business advantage*

***Deadline for dues is January 1, 2024.***

 ***If dues are not received by March 1st, membership will lapse.***