



Nebraska Association for Healthcare  
Quality, Risk and Safety

### 2023 Membership Form

- Membership Dues--\$55     
  New Membership     
  Renewal Membership

**Please make checks payable to NAHQRS. Deadline for dues is January 1, 2021.**

**If dues are not received by March 1st, membership ceases**

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

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

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

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

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acute care community hospital  | <input type="checkbox"/> Teaching/University hospital | <input type="checkbox"/> Psychiatric facility    |
| <input type="checkbox"/> Federal hospital (VA hospital) | <input type="checkbox"/> Managed Care Organization    | <input type="checkbox"/> Rehabilitation Facility |
| <input type="checkbox"/> Long term care                 | <input type="checkbox"/> Home Health Care             | <input type="checkbox"/> External Review (PRO)   |
| <input type="checkbox"/> Other: _____                   |   |  |

Professional Organization Membership(s)

- NAHQ  ASHRM  Other: \_\_\_\_\_

Professional Certification(s)

- CPHQ  CPHRM  Other: \_\_\_\_\_

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

Devon King  
Merrick Medical Center  
1715 26th St  
Central City, NE 68826

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

- 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.*