



Nebraska Association for Healthcare
Quality, Risk and Safety

2021 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)

Professional Certification(s)

NAHQ ASHRM Other: _____

CPHQ CPHRM Other: _____

Send completed membership application & dues to:

Devon King
 Merrick Medical Center
 1715 26th St
 Central City, Ne 68826
 Phone: 308-946-3015 ext. 382
Devon.king@bryanhealth.org

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.*