



PAHQ MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone Home _____ Work _____

Cell _____ Fax _____

E-mail Home _____ Work _____

To which organizations do you belong?

- NAHQ
- ASQ
- ABQAURP
- AHA-Symposium for Leaders in Quality
- Central Pennsylvania Association for Healthcare Quality
- Southeastern Pennsylvania Association for Healthcare Quality
- Other _____

<p>Please indicate your interest in the following committees/activities:</p> <p><input type="checkbox"/> Membership</p> <p><input type="checkbox"/> Program Planning</p> <p><input type="checkbox"/> Legislative</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Nominating</p> <p><input type="checkbox"/> Bylaws</p> <p><input type="checkbox"/> Web Site</p> <p><input type="checkbox"/> Other</p> <hr/> <p>Write in your suggestion</p>	<p>Indicate if you are interested the following office:</p> <p><input type="checkbox"/> President</p> <p><input type="checkbox"/> Secretary</p> <p><input type="checkbox"/> Treasurer</p> <p>Are you certified in Healthcare Quality (CPHQ)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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Please send application and your check for \$30.00 to:

Fran Heishman, 203 Belaire Drive, Shiremanstown, PA 17011