

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

MEMBERSHIP APPLICATION

Select Type of Membership:

Individual - \$50 dues

Facility - \$135 dues

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 2011 dues to:

Donna Jorgensen, RN
NAHQRS Membership Secretary
Litzenberg Memorial County Hospital
1715 26th Street
Central City, NE 68826

Checks need to be made out to: NAHQRS. Dues are payable January 1, 2011.
An updated membership directory will be published in the spring of 2011.

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:

Host a Meeting	Serve as an officer
Present/facilitate at a meeting or workshop	Write an article for the Newsletter
Serve on a Committee (If yes, select committee below.)	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