

Connecticut Association for Healthcare Quality

Membership Renewal Application

2011-2012

TO FACILITATE ELECTRONIC INFORMATION TRANSMISSION, PLEASE BE SURE TO INCLUDE AN E-MAIL ADDRESS

Please complete all applicable areas:

New Member **Renewal**

Name: _____ Title: _____

Organization Name: _____

Organization Mailing Address: _____

City, State, Zip: _____

Telephone (W): _____ (H): _____ Fax: _____

E-Mail: _____

NAHQ Member **Yes** **No**

CPHQ **Yes** **No**

Primary Area of Responsibility (check all that apply)

Type of Organization

UM/Case Management

Infection Control

Acute care

Home Care

Risk Management

Home Services

Subacute

Consulting

Patient Safety

Quality Management

Rehabilitation

HMO/Insurance

Regulatory Compliance

Other _____

ECF/SNF

Self Employed

Corporate Compliance

Behavioral Health

Other _____

Individual Membership \$55.00

Organizational Membership \$110.00 – 3 applications from the same institution

In addition to my membership fee, I would like to donate \$5.00 towards the CTAHQ Kathy

Adamo Scholarship Fund

(Please submit together)

Check Amount: _____ Payment Check Number: _____

Who is funding your membership? Employer Self

Please make check payable to **CTAHQ** and mail to:

Natalie Vinhais

4 Prospect Ave

Trumbull, CT 06611