



Membership Application

NEW: ___ RENEWAL: ___ *HONORARY: ___ Today's Date: _____

Name and Credentials (Print): _____

Employer Name / Address: _____

Position/Title: _____

CONTACT INFORMATION (notify MaineAHQ Membership Committee if information changes)

Phone: Work: _____ Home: _____ Cell: _____ Fax: _____

Home Mailing Address: Street/PO Box: _____

City/Town: _____ State: _____ Zip Code: _____

Email: _____ Alternate Email: _____

Preferred Contact: Home: ___ Work: ___

PROFESSIONAL RESPONSIBILITIES (check all that apply)

___ Quality/Performance Improvement; ___ Home Health; ___ Utilization Review; ___ Case Management

___ Risk Management; ___ Epidemiology; ___ Insurance; ___ State/Local Government; ___ Hospital;

___ Specialty Hospital; ___ Nursing Facility; ___ Behavioral Health; ___ State; ___ Consultant;

___ Home Health; ___ Other : _____

Current National AHQ Member? No ___ Yes ___ Current CPHQ? No ___ Yes ___ Expiration Year _____

Other Certifications _____

VOLUNTEER INTERESTS (check all that apply)

___ Newsletter ___ Website ___ Finance ___ Bylaws ___ Membership ___ Education/Program

___ Nominating ___ Special Projects ___ Other: _____

Comments _____

MEMBERSHIP IS ANNUALIZED FROM JANUARY 1 THROUGH DECEMBER 31 OF EACH YEAR

*Honorary membership is available for retirees having been a MAHQ member in good standing for the past 5 years.

Membership Dues: \$50.00 Annually. MAHQ Members who are also Members of NAHQ will pay reduced annual dues of \$35.00. Honorary Membership is at no charge. Membership is non-transferable. **Checks should be made payable to MAHQ and forwarded with this application to:**

**Felicia G. Hagan, CPHQ
Mercy Quality and Safety Department
40 Park Road
Westbrook, Maine 04092**

I HEREBY APPLY FOR MEMBERSHIP TO MAHQ

Signature: _____ Date: _____