

MEMBERSHIP APPLICATION

(PLEASE PRINT OR TYPE)

First Name Middle Initial Last Name

Position or Title

Degrees, Certifications, Professional Designations

Organization (Employer)

Are you a current member of the ASHRM or NAHQ? _____

I prefer to have mail sent to: (check one)

___ Work Address ___ Home Address

Home Address:

Street Address or P. O. Box

City State Zip

Work Address:

Street Address or P. O. Box

City State Zip

Work or Home E-mail Address: _____

Work Phone (_____) _____

Fax Number (_____) _____

Home Phone (_____) _____

Membership Category Applied for:
(See Back of Form)

Active

Academic

Emeritus

MEMBERSHIP CATEGORIES AND DUES

Membership in OSHQRM is open to professional individuals and students who are actively involved or interested in healthcare quality and/or risk management. The following are the membership categories, please check the category on the front of this application that applies to you.

- ◆ Active – An individual shall be eligible for active membership who is actively engaged in the field of risk management/quality improvement and is an employee of an Oklahoma healthcare facility or system, metropolitan hospital association, or medical association. Dues: \$25/Year
- ◆ Academic – A full-time faculty member or student registered at an accredited institution of higher learning and not otherwise eligible for Active or Associate Membership. Dues: \$10/Year
- ◆ Emeritus – An individual who has retired from employment after having been an active member for a minimum of 10 years. Dues: None

For more information please contact:
Laura Maguire at 405-427-9537.

Please return your application with your check to:

OHERFT
Dept. #96-0298
Oklahoma City, OK 73196-0298