

SOUTHEASTERN PENNSYLVANIA ASSOCIATION FOR HEALTHCARE QUALITY

2012 APPLICATION FOR MEMBERSHIP

PLEASE TYPE OR PRINT:

Type of Membership (1/1/12 through 12/31/12)

Individual - \$35.00

Corporate \$125.00*

**Allows up to six people to register for SPAHQ educational programs/seminars at the membership rate. There are no voting privileges for Corporate Membership. SPAHQ mailings will be sent to one Corporate Contact Person named below.*

Name (or Corporate Contact Person): _____

Title: _____

Organization Name: _____

Organization Address: _____

City/State/Zip: _____

Preferred Mailing Address (if different than above): _____

Email Address: _____

Telephone (including area code): _____ - _____ - _____ **Fax:** _____ - _____ - _____

Organization/Facility Type:

___ Acute Care Community Hospital

___ Teaching/University Hospital

___ Federal/VA Hospital

___ Managed Care Company

___ Psychiatric Facility

___ Rehabilitation Facility

___ Long Term Care

___ Home Health Care

___ Health System (corporate)

___ Healthcare consulting

___ other _____

Area(s) of Responsibility/Specialization/Interest:

___ Performance/Quality Improvement

___ Utilization Management

___ Case Management

___ Risk Management

___ Contract Management

___ Regulatory/Compliance (TJC, CMS, etc.)

Check if interested in serving on any of the following SPAHQ Committees: ___ Bylaws ___ Membership ___ Legislative
___ Newsletter ___ Nominating ___ Program ___ Special Events ___ Special Interest Groups

PLEASE SEND APPLICATION AND DUES (CHECKS PAYABLE TO SPAHQ) TO:

SPAHQ

P.O. Box 1994

Media, Pa, 19063