

**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**