

MASSACHUSETTS ASSOCIATION FOR HEALTHCARE QUALITY, INC.

MEMBERSHIP APPLICATION

January 1, 2012 – December 31, 2012

Hover over fields for directions -- **** Red Items are required ****

****Last Name:**

****First Name:**

Preferred/Badge Name:

Job Title:

Employer Name:

Employer Address:

Work Phone:

Home Address:

Home Phone:

Cell Phone:

Preferred Address:

Preferred Phone:

Preferred MAHQ Directory Listing:

****Primary Email:**

Alternate Email:

Are you a member of NAHQ?

Yes No

Would you like information about serving on an MAHQ committee
or other volunteer opportunities? Yes No

The information we collect below will help us improve member services

Employer/Facility type (choose one):

License/Certification/Degree (choose all that apply):

RN LPN MD PhD CPHQ CPHRM RHIA RHIT MHA MPH MBA

Other (specify):

Position (regardless of Title, choose one):

Primary Responsibility/interest/Practice (choose one):

Payment Options

Membership dues for January - December 2012 are \$50. Please select a payment option.

Option 1: PAYPAL

Pay by credit card as a PayPal member OR guest

Option 2: PERSONAL CHECK

Please print form and mail with personal check to:

MAHQ

400 West Cummings Park

Suite 1725-279

Woburn, MA 01801

Option 3: EMPLOYER CHECK

Return to MAHQ website to generate an invoice
for your employer to pay dues.

Please print form and include with invoice.

[Generate Employer Invoice](#)

Questions/Problems? [Contact MAHQ Administrator](#)

