

Amount Received \$ _____
Check # _____

**KANSAS ASSOCIATION OF RISK AND QUALITY MANAGEMENT
2021 APPLICATION FOR MEMBERSHIP/RENEWAL**

Membership fee of \$35.00 enclosed for: New Membership Renewal

Note: *Renewals postmarked after January 31* will not have their contact information included on the KARQM membership roster. This may mean that you will not receive seminar and blast email information throughout the year!

Select Appropriate Membership

- Active:** To be eligible as an active member, an individual must be affiliated either with hospitals, health care facilities, or health-related institutions organizations and who in that capacity is involved in health care risk management and quality management.
- Associate:** To be eligible as an associate member, an individual does not meet the requirements of Active membership but works as a consultant, employee or agency representative for businesses/vendors that serve health care organizations. Associate members have voting privileges but cannot hold a KARQM office and cannot vote on bylaw changes. (Please print or type clearly.)

NAME _____
(Last Name) (First) (Middle Initial)

TITLE OF POSITION _____

HOSPITAL/FIRM _____
(Name)

(Street) (City) (Zip Code)

BUSINESS PHONE/ #FAX _____
(Area Code & Number) / (Area Code & Number)

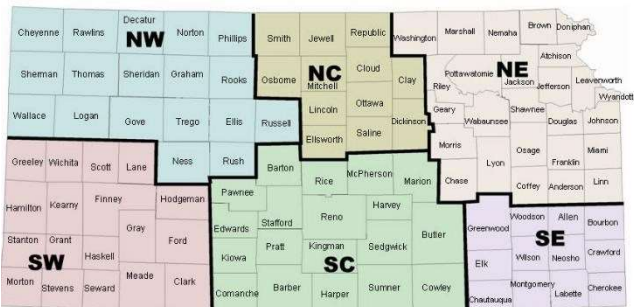
E-MAIL ADDRESS _____

Other areas within the hospital/agency for which I am responsible: _____

Areas of expertise you would be willing to make available to other KARQM members: _____

What District would you be serving? (check one) Northwest Northcentral Northeast Southwest Southcentral Southeast

Please also list county: _____



Are you interested in more information about the KARQM Mentoring Program?

To receive mentoring? Yes No

To be a mentor? Yes No

Membership renewal fees will be due January 1 of each year. New memberships and renewals are \$35. Make checks payable to the Kansas Association of Risk and Quality Management and return application and check to: KARQM, 215 SE 8th Ave., Topeka, KS 66603

Signature: _____

Date: _____