



Contact Information

Name	
Street Address	
City ST ZIP	
Parish	
Home Phone	
Business Name	
Business Address	
City ST ZIP	
Work Phone	
E-Mail Address	
Fax Number	
CPHQ	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAHQ Member	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Membership Options

New Member Renewal

- Full Member \$40.00 (\$25.00 for LAHQ dues and \$15.00 for regional dues)
- Retired Member \$20.00 (Have been an active member for a least one year and is retired)
- Student Member \$20.00 (Available to undergraduate students in their junior, senior, or post graduate year Copy of student identification card required)

Educational Background / Areas of Responsibility / Setting

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> RN | <input type="checkbox"/> Quality | <input type="checkbox"/> Acute |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Risk Mgmt | <input type="checkbox"/> Veterans Health |
| <input type="checkbox"/> MD | <input type="checkbox"/> Utilization | <input type="checkbox"/> Psych |
| <input type="checkbox"/> RHIA | <input type="checkbox"/> IC | <input type="checkbox"/> Rehab |
| <input type="checkbox"/> Other | <input type="checkbox"/> Med Staff Svs | <input type="checkbox"/> University |
| | <input type="checkbox"/> Case Mgmt | <input type="checkbox"/> Managed Care |
| | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Home Health |
| | <input type="checkbox"/> Other | <input type="checkbox"/> LTACH |
| | | <input type="checkbox"/> Hospice |
| | | <input type="checkbox"/> Ambulatory Care |
| | | <input type="checkbox"/> Other |

Payment Information

- Dues are renewable annually by April 1st.
- Make checks payable to LAHQ. Send completed application and check to:
 - **LAHQ Treasurer**
 - **P.O. Box 458**
 - **Covington, LA 70434**
- Tax ID Number 72-0967764
- **Charge \$_____ to my __ VISA __ MasterCard (available Feb-April)**

Card Number	
Expiration Date	
Signature	
Date	

- Please send me regional information
- Interested in running for state office
- Interested in serving on a committee
- Interested in writing a newsletter article

*About LAHQ

MISSION

- To promote quality healthcare in Louisiana and maintain the integrity of the practice of quality improvement.

PURPOSE

- To facilitate leadership development and growth of healthcare professionals through education, networking, and unity.

OBJECTIVES

- To facilitate sharing of knowledge, continuing education programs, communication, and cooperation
- To assure that the Association is not, nor will it strive to become a trade union, a collective bargaining agency or a profit-making association.

BENEFITS

Membership in LAHQ will provide you with:

- An opportunity to network with peers
- Quality educational programs
- Quarterly publication with focus on quality, utilization management and other relevant issues.

For Office Use Only _____ card sent
_____ membership number
_____ list updated