

Amount Received \$ _____
 Check # _____

Please click [HERE](#) to pay online.

2024 APPLICATION FOR MEMBERSHIP/RENEWAL

Membership fee enclosed for: Membership Fee - \$75.00 New Membership Renewal Student - \$25.00

Note: Renewals postmarked after February 28 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:** An individual must be affiliated with a hospital, health care facility or health related institution or organization, and who, in that capacity, is involved in health care risk or quality management.
- Associate:** An individual who does not meet the requirements of Active membership but works as a consultant, employee or agency representative for businesses that serve health care organizations. Associate members have voting privileges but cannot hold a KARQM Office.
- Student member:** To promote academic progression within the healthcare quality and safety arena, any student with interest may join.

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 _____

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: _____

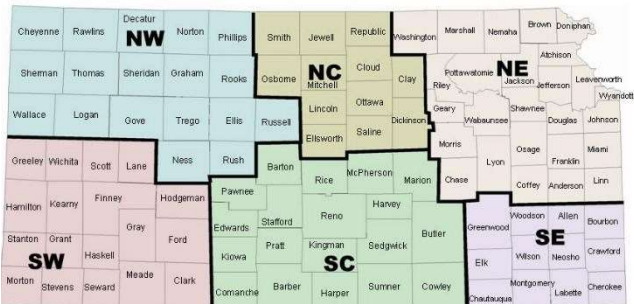
Are you a member of ASHRM?
 (The American Society for Health Care Risk Management)

Yes No

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 February 28. New memberships and renewals are \$75. Student memberships are \$25.00. 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

To pay online please click [here](#).

Signature: _____

Date: _____