

Amount Received \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

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## 2025 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: \_\_\_\_\_

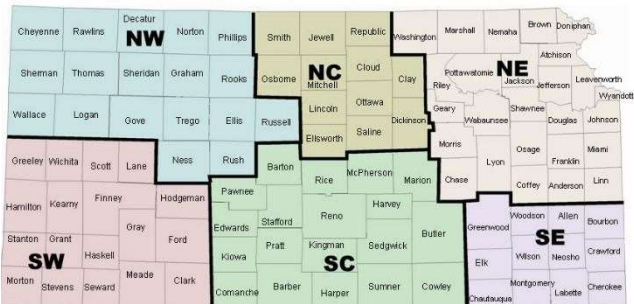
**Are you a member of ASHRM?**  
 (The American Society for Health Care Risk Management)

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 8<sup>th</sup> Ave., Topeka, KS 66603

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_