

---

Virginia Association for  
Healthcare Quality



---

**Join or renew VAHQ Membership**

*(Please Print Clearly)*

Renewal                       New Application

Referred by \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Department \_\_\_\_\_

Preferred Mailing Address:

Work                       Home

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

VAHQ Board Interest                       Yes    No

*(Must be active member, 1 year)*

VAHQ Committee Interest                       Yes    No

NAHQ Member                       Yes    No

CPHQ                       Yes    No

Education Background                       RN    BSN

MSN    LPN    BS    BA    ART    RRA

Other, Specify \_\_\_\_\_

I do not want my information shared within the VAHQ.

**Membership dues are \$50.00 per year**  
**Checks payable to VAHQ**

**MISSION**

*The mission of the Virginia Association of Healthcare Quality (VAHQ) is to unify, educate and support healthcare professionals and others to influence policy and advance the theory and innovative practice of Quality Management*

**VISION**

*The Virginia Association for Healthcare Quality will be in the forefront to advance healthcare quality*

**BENEFITS**

▶ *State Chapter of the National Association for Healthcare Quality*

▶ *Educational Conferences offered locally and at low cost*

▶ *Annual CPHQ Review Course*

▶ *Networking opportunities with quality, safety, risk and other healthcare professionals*

▶ *Quarterly Newsletter*

▶ *VAHQ Web Site – [www.VAHQ.org](http://www.VAHQ.org)*

▶ *Access to a Directory of VAHQ Professionals*

▶ *Affiliation with the Virginians Improving Patient Care and Safety (VIPCS&S) organization*

▶ *Affiliation with the Virginia Senate Productivity and Quality Award (SPQA) organization*

▶ *Regional VAHQ chapters promoting local networking and educational events*

*Online Dues payment through PayPal via the VAHQ website: [www.vahq.org](http://www.vahq.org)*

**Or**

*Mail application and check to:*

**VAHQ**

**P.O. BOX 71013**

**Richmond, VA 23255-1013**