

IDAHRM

Idaho Association for Healthcare Risk Management

2011 Membership Form

Requirements for IDAHRM membership:

- A. An employee of a healthcare provider who is actively involved in the risk management/quality assurance function of that organization; or
- B. An employee of the Idaho Hospital Association or Idaho Medical Association who is routinely involved in the risk management/quality assurance function of that organization; or
- C. A private consultant, a representative of an insurance agency, brokerage, or company, an academician, or an attorney who is active in healthcare risk management.

Please Print

Name: _____ Address: _____

City, State, Zip: _____ E-Mail: _____

Phone: _____ Fax: _____ Employment/Affiliation: _____

I attest that I meet one of the above listed categories for membership and desire to be a member of IDAHRM.

Signature

Date

Dues = \$35.00 Annually. Dues = \$17.50 if application is received from July 1 through November 1. Dues received between November 2 and December 31 will apply to the subsequent year.

Committees on which I would be interested in serving: (please circle all that apply)

Education

Membership

Publications

Audit

Nominating

I would be interested in running for office in IDAHRM ____yes ____ no

I desire to be added to the IDAHRM List Serve ____ yes ____no

Please mail completed application with membership dues to:

**Nicki Baughman, BS, CPHRM
190 E. Bannock St.
Boise, ID 83712**

If you have any questions regarding IDAHRM membership, please call
Nicki Baughman at 208-381-3423.