



Society for Healthcare Risk Management

### Membership Application

First Name	Middle	Last Name	
Title	Degree/Certification		
Name of Hospital/Organization/Employer	Mailing Address	State	Zip Code
Email	Phone (Work)	Phone (mobile)	Fax

Please check ALL areas of your responsibilities:

- Risk Management  Patient Safety  Patient Advocate  Claims Management  Quality Improvement  
 Legal Counsel  Paralegal  Nurse Consultant  Workers' Compensation  Insurance Agent/Broker  
 Environmental Services  Security  Others, please specify: \_\_\_\_\_

#### HOME

Street Address	State	Zip Code	
Email	Phone (Home)	Phone (mobile)	Fax

I prefer my mail to be sent to  Business Address  Home Address  Work Email  Home Email

- Are you a member of ASHRM?  Yes  No  
Are you new to Health Care?  Yes  No  
Are you new to Risk Management?  Yes  No

Inaugural due is \$30 in Jan. 2020 and then \$60 due June 30 every year. **Check payment made payable to NTSHRM and mailed to PO Box 2485 Red Oak, Texas 75154.**