



**PROFESSIONAL MEMBERSHIP APPLICATION** PLEASE PRINT OR TYPE

Professional Membership was established for those individuals who are devoted to improving the overall quality of health care that is provided to the consuming public, but have not sat for the HCQM Certification Exam. Professional Members receive preferred pricing for the certification exam and all continuing education courses. Please note: You are not required to select Professional Membership.

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Gender:  M  F

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred:  Home  Business

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home/Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please indicate how you initially heard of ABQAURP. If referred by an individual, please provide their full name:

\_\_\_\_\_

**PROFESSIONAL MEMBERSHIP ANNUAL FEE \$190**

**Due at application: \$209.00, includes one-time Application Fee of \$19.**

**Membership fees are non-refundable, occur on a calendar year basis, and are payable in advance.**

**PAYMENT METHOD:**

**For credit card payments, please join online at [abqaarp.org](http://abqaarp.org).**

Check/Money Order #: \_\_\_\_\_

**RELEASE:**

I authorize ABQAURP to release my name and contact information as a Professional Member to the ABQAURP Membership Directory. I also grant permission to reprint my name along with any quotes, awards, or special recognitions given in conjunction with my status as a member of ABQAURP.

I understand that I, as a member, am bound by ABQAURP's Rules and Regulations, Bylaws, and Member Code of Ethics (available on the website).

I agree to remain current on annual fees. Annual fees are pro-rated upon joining and automatically renew each calendar year. I understand it is my responsibility to cancel my membership at the end of the calendar year if I no longer wish to remain a member. Annual fees are non-refundable.

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

MBRAPPWEB