



## Annual Dues Notice to Join or Renew – 2023

Please complete all sections of the application below. You may submit the completed form with a check in the amount of \$45.00 payable to Kentucky Association for Healthcare Quality.

Mail your application with payment to:

Shirley M. Schilling  
 Treasurer, KAHQ  
 c/o Norton Women's and Children's Hospital  
 4001 Dutchmans Lane., Louisville, KY 40207  
 (502) 262-3233

New Membership

Renewing Membership

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

License(s), Certification(s), Degrees: \_\_\_\_\_

Working Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Work \_\_\_\_\_ Home

Street: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Home

Email Address: \_\_\_\_\_

Are you a member of NAHQ? \_\_\_\_ Yes \_\_\_\_ No

Please indicate your KAHQ Chapter: \_\_\_\_ Eastern \_\_\_\_ Bluegrass \_\_\_\_ Metro \_\_\_\_ Western

