Florida Association for Healthcare Quality, Area VI Membership Application January 1, 2015 – December 31, 2015

Membership Ends December 2015 \$35

Last Name:	First Name:	Initial:
Please check preferred address: ☐ Home	□Work	
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City:	State:	_ Zip Code:
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Phone: (Ext	Fax: ()	
Work Email Address:		
I give permission to publish my preferred addistribution to members only. \Box Yes \Box No	dress in the FAHQ Area V	I membership directory with
FAHQ State Member? ☐ Yes ☐ No	NAHQ National Member?	' □ Yes □ No
Certified Professional in Healthcare Quality ((CPHQ)? Yes No	
Mail check and application to:	Karen Bakewell	
Make check payable to FAHQ Area VI	9015 Calwood Ct. Orlando, FL 32825	
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