

Kentucky Society for  
Healthcare Risk Management



### Membership Application Form

► **Complete the following information:**

*(NOTE: If obtaining this application online, please print the application form before completing.)*

Check One:  New  Renewing Member *If new, referred to KSHRM by:* \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Position or Title \_\_\_\_\_

Degrees \_\_\_\_\_

Professional Designations/Certifications \_\_\_\_\_

► KSHRM includes a membership roster containing members' demographic information in the **MEMBERS ONLY** Section on its Web site, [www.kyha.com](http://www.kyha.com) If you do not want any of your information listed on this roster, please include a separate request with your application.

► **Check appropriate membership for you:**

**Regular Membership** (Actively involved in the field of healthcare risk management or whose primary job responsibility includes healthcare risk management.)

**Student Membership** (Full-time student interested in the field of healthcare risk management.)

**Emeritus Membership** (Has been a regular member of KSHRM in good standing for the past ten (10) years and is retired from employment.)

**Inactive Membership** (Regular member who is unemployed at the time of membership renewal and requests inactive status in an accompanying letter to the Board of Directors.)

► *Are you currently a member of the American Society for Healthcare Risk Management?*

*Check one:*  Yes  No, but please tell me how I can apply.

► **Send completed application form and check for \$50 annual membership dues to:**

Kentucky Society for Healthcare Risk Management  
C/O John Chaney, Treasurer  
Commonwealth Health Corp  
800 Park Street.  
Bowling Green, KY 42101