AzSHRM
Arizona Society for Healthcare Risk Management

INDIVIDUAL MEMBERSHIP APPLICATION

Date_______________________ **Renewal** ☐ **New** ☐
Applicant Name____
Title____
Employer____
Employer Address____
City/State/Zip____
Work Phone ______________________ **Fax** ______________________ **Email** ______________________

Membership is for those who are a healthcare provider or employee of a healthcare facility with primary responsibility for risk management functions or a participant in the risk management function on behalf of a healthcare provider, e.g., insurers, consultants and defense counsel/staff.

PLEASE NOTE: *By applying for membership in this organization you agree to have the information you provided above listed in a directory for the use of the organization's members.*

Are you a member of the American Society for Healthcare Risk Management (ASHRM)?

Yes ☐ No ☐

Do you hold any of the following certifications? (Check all that apply)

☐CPHRM ☐FASHRM (Fellow) ☐DFASHRM (Distinguished Fellow)

Organization type (check as many as apply):

☐ Acute Care Corp/System
☐ Extended Care
☐ Ambulatory Care
☐ Defense Law Firm
☐ Home Health Care
☐ Physician Office
☐ Insurance
☐ Consulting Firm
☐ Managed Care Organization
☐ Other_______________

Areas of Responsibility (check as many as apply):

☐ Actuarial Services
☐ Insurance Management
☐ Insurance Products
☐ Employee Benefits
☐ Claims Management – Professional
☐ Claims Management – General
☐ Claims Management – Workers Comp
☐ Workers Compensation
☐ In-service Education
☐ Risk Management Consultant
☐ Structured Settlements
☐ Defense Legal Services
☐ Plaintiff Legal Services*
☐ Patient Relations
☐ Analysis/Trending
☐ Safety Officer - Chairperson
☐ Quality Management
☐ Contract Review
☐ Compliance Officer
☐ Other________________

* **Licensed Attorneys at Law who represent Plaintiffs in personal injury litigation are not be eligible for membership.**

Annual Membership dues are $100.00 for 12 months

You may pay your dues online at www.az-shrm.org
or send a check (made payable to AzSHRM) along with this Application to
AzSHRM 4949 E. Van Buren #60511 Phoenix, AZ 85082

Thank you and welcome to AzSHRM!

FOR BOARD USE ONLY

APPLICATION APPROVED ☐ **YES** ☐ **NO** **DATE:**______________________________
BOARD TREASURER: ____