

Alabama Society for Healthcare Consumer Advocacy Membership Application

Name: _____
(First) (Middle) (Last)

Title: _____ Title of to whom you report: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Description of other duties: _____

Description of other duties: _____

% of time devoted to Primary duties: _____ No. of years employed in position: _____

Educational Background: _____ High School
_____ Associate Degree
_____ Bachelor's Degree
_____ Master's Degree
_____ Other _____

_____ \$40 Member

A MEMBER is defined as "an individual who is employed by a healthcare institution to provide advocacy for patients and consumers of health care services."

_____ \$25 Associate Member

An ASSOCIATE MEMBER is defined as "An individual who functions as a consultant in the field of healthcare consumer advocacy, is employed by a healthcare institution to provide advocacy for patients and consumers of healthcare services who resides outside of the state of Alabama, is interested in furthering the goals of healthcare consumer advocacy and the ASHCA, has retired from active employment in healthcare consumer advocacy, is a student in a field related to healthcare consumer advocacy."

Make your check payable to the **Alabama Society for Healthcare Consumer Advocacy** and mail, along with your completed application to:

Alabama Hospital Association
Attn: Debra Stuckey
500 North East Blvd.
Montgomery, Alabama 36117

Signature: _____ Date: _____