

# SOCIETY FOR QUALITY IN HEALTH CARE IN NIGERIA

...promoting the principles and practice of quality improvement



## MEMBERSHIP APPLICATION FORM

### INDIVIDUAL MEMBERSHIP

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

P. O. Box \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Name of Organisation: \_\_\_\_\_

\_\_\_\_\_

Position in Organisation \_\_\_\_\_

Qualification \_\_\_\_\_

Work Interest: \_\_\_\_\_

\_\_\_\_\_

I hereby apply for Individual Membership of the Society for Quality in Healthcare in Nigeria and agree to be bound by its Constitution.

Signature: \_\_\_\_\_

### INSTITUTIONAL MEMBERSHIP

Name of Organisation: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

P. O. Box \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Name of Representative: \_\_\_\_\_

\_\_\_\_\_

Position in Organisation \_\_\_\_\_

Qualification \_\_\_\_\_

Work Interest: \_\_\_\_\_

\_\_\_\_\_

On behalf of the above named organisation/Institution I hereby apply for Institutional Membership of the Society for Quality in Healthcare in Nigeria and agree to be bound by its Constitution.

Signature: \_\_\_\_\_

#### Membership Fees for each category are as follows:

Type of Membership	Fee
Associate/Student Membership	N 1,000.00
Standard Membership	N 10,000.00
Hospitals / NGOs	To be advised by the Society
Corporate	To be advised by the Society

Total Amount \_\_\_\_\_

*Please make cheque payment in favour of*  
**SOCIETY FOR QUALITY IN HEALTHCARE IN NIGERIA**

Payment can be sent along with membership information to:

**SQHN SECRETARIAT:**

34, Raymond Njoku Street, Ikoyi South West, Lagos.