

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: _____

Sex: Male: Female:

Twitter Handle: _____

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:

5th Floor, Mulliner Towers, 39, Alfred Rewane Street, Ikoyi, Lagos