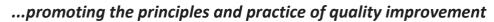
SOCIETY FOR QUALITY IN HEALTH CARE IN NIGERIA





MEMBERSHIP APPLICATION FORM

INDIVIDUAL MEMBERSHIP		INSTITUTIONAL MEMBERSHIP		
Name of Applicant:		Name of Organisation:		
Address:		Address:		
Sex: Male: Female:		P. O. Box		
Twitter Handle:		Tel:Fax:		
P. O. Box		Email:		
Tel:Fax:		Name of Representative:		
Mobile:				
Email:		Position in Organisation ——————		
Name of Organisation:		Qualification ————————————————————————————————————		
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.		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:		Sign	ature:	
	Membership Fees for ea	ach cate	gory are as follows:	
	Type of Membership		Fee	
Associate/Student Member		ership	N 2,000.00	

Type of Membership	Fee	
Associate/Student Membership	N 2,000.00	
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 off Awolowo Road, Ikoyi, Lagos