



SPHQ 2012 MEMBERSHIP APPLICATION/RENEWAL

Check One Please: New Application Renewal

Name (as you want it to appear in the Membership directory)	CPHQ
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Note: The SPHQ online membership directory includes Member's Business Contact Information and is posted on the website at: www.sphq-mo.org

Business Contact Information (for SPHQ online Membership directory)

Your Work Title	
Business/Company Name	
Street Address (and Suite)	
City, State, & Zip Code	
Preferred email address*	
Business Phone	
Business Fax	

***Preferred E-mail Address is required. All correspondence will be emailed to you.**

Personal Contact Information (on file with SPHQ)

Street Address	
City, State, & Zip Code	
Home Phone	
Cell Phone	
Personal email address (optional)*	

***Personal E-mail Address is optional. If provided, SPHQ will include your personal email address in the SPHQ distribution list to allow members the benefit of also receiving information to their personal email address.**

\$40.00 for SPHQ 2012 membership

Applications received after June 1, 2012 will be assessed a late-fee of \$5.00

Membership is effective through December 31, 2012

Make your check payable to:

St. Louis Professionals for Healthcare Quality or SPHQ

**Please mail this completed application and payment to SPHQ Treasurer:
 Catrina Chambers, SPHQ Treasurer, ATTN: SALUS CENTER, Suite 372,
 3545 Lafayette Ave, St. Louis MO 63104**

Internal SPHQ Use Only

Date Received:	Check Number:	Amount:
Treasurer's Log:	Deposited:	Comment: