

# SOCIETY FOR QUALITY IN HEALTHCARE IN NIGERIA

... sharing healthcare best practices



## 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
Standard Membership	N 5,000
Hospitals / NGOs	N 20,000
Corporate	N100,000

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 :-

8, Marine Road, Apapa, Lagos.

Tel No: 01-6283812 - 16, 2711650, 2711648