

Membership Application/Renewal

I am a member of the American Society for
Healthcare Risk Management.

Yes No I would like membership info.

I certify that the information stated in this applica-
tion is true and current.

Signature: _____ Date: _____

I am interested in serving on the
following committees:

_____ Program Committee _____ Bylaws Committee
_____ Membership Committee _____ Newsletter Committee
_____ Legislative Committee _____ Nominating Committee

I would be interested in running for the Board of
Directors. Yes _____ No _____

Please return the following:

1. Your completed application.
2. For new members, \$50.00 check for member-
ship dues (made payable to Wisconsin Society for
Healthcare Risk Management). **For renewing members,
\$50.00 if received by March 15, 2006 and \$55.00
if received after March 16, 2006.** For all members,
there is a 50% reduction in dues for retirees wishing to
continue membership.

Mail to:

Patti Vail
Membership Chair 2005-2006
1612 E. Norwich Ave.
St. Francis, WI 53235

Membership is contingent upon:

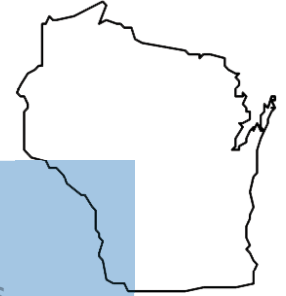
1. Receipt of a properly completed application/renewal form
2. Receipt of the specified annual membership dues
3. Approval of the application by the Membership
Committee in accordance with Society Bylaws and criteria
developed and approved by the Board of Directors of the
Society.

*If you are a member NOT renewing your membership this year, please share
the REASON with us and RETURN the form. Thank you!*

Left my position: Dissatisfied with the organization:

Left risk management: Other:

Wisconsin Society For Healthcare Risk Management
Patti Vail
Membership Chair 2005-2006
1612 E. Norwich Ave
St. Francis, WI 53235



building relationships

networking

education delivery

professional development

Wisconsin Society
For Healthcare
Risk Management

Wisconsin Society For Healthcare Risk Management (WSHRM)

WSHRM is the Wisconsin state chapter of the American Society of Healthcare Risk Management of the American Hospital Association. The Wisconsin chapter was founded in 1989. Membership consists of professionals active in healthcare risk management throughout the state.

The benefits of WSHRM membership include:

- Opportunities to network with peers on challenging risk management issues
- A membership directory
- Educational seminars and workshops
- A quarterly newsletter
- Participation in the management and shaping of WSHRM
- Website to promote professional development

For more information on membership, contact our membership chairperson.



Vision

The society focuses its resources and energies toward providing members with information on the development of industry accepted standards for the ethical practice of risk management within health care. Membership is the society's primary customer and strives to recognize its members for personal and professional achievement, and further, actively supports its membership in their daily risk management challenges. WSRHM commits to quality educational programming to meet the dynamic needs of those professionals involved in risk management activities. WSHRM believes that increased focus on our members will leverage our organization to the foreground where it will be recognized as a proactive force in Wisconsin health care risk management issues.

Meetings

WSHRM holds its annual meeting and an educational session in the fall of each year. The two and a half day seminar includes workshops and presentations on current "hot" topics and regulatory and legal issues. Spring Conference presentations and workshops are scheduled with ample time for networking with risk management professionals across the state of Wisconsin.

Policy

It is WSHRM policy to not sell our membership list. Any use other than networking is strictly prohibited.

Mission

To provide a forum for members to:
Network with others with similar professional roles
Receive current information on topics/issues pertinent to the profession
Provide educational opportunities of interest to members and to remain a financially viable chapter of the American Society of Healthcare Risk Management (ASHRM).

Coming Soon...

www.wshrm.org

WISCONSIN SOCIETY FOR HEALTHCARE RISK MANAGEMENT

Membership Application/Renewal

Renewal 2005

New 2005

Please print or type:

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Telephone: _____

Fax No.: _____

E-mail: _____

Responsibilities in present position:

- | | |
|--|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> OSHA/FDA/EPA Regulations | <input type="checkbox"/> Security |
| <input type="checkbox"/> JCAHO | <input type="checkbox"/> Incident Reporting |
| <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Litigation/Claims Mgt. |
| <input type="checkbox"/> Risk Management/Education | <input type="checkbox"/> Credentialing |
| <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Ambulatory care |