



Call Us
973.641.5311

www.ahrmny.com

Non-Metropolitan Area MEMBERSHIP APPLICATION

The Association for Healthcare Risk Management of New York, Inc. (AHRMNY) is the official New York chapter of the American Society for Healthcare Risk Management (ASHRM), a personal membership group of the American Hospital Association. AHRMNY is a non-profit 501 (c)(3) organization founded in 1982, first incorporated in New York in 1985, and governed by its elected officers and board of directors.

Membership is comprised of those individuals who are regularly involved in or who have an interest in the risk management and patient safety functions of a healthcare organization. Our members include hospital and other healthcare risk managers patient safety officers, administrators, healthcare/medical malpractice defense attorneys, quality assurance professionals, insurance executives, and other healthcare professionals. This diversity makes a variety of viewpoints available to members and contributes to the vitality of the organization. Since its founding in 1982, AHRMNY continues to attract and welcome new members, many of whom are also members of the national organization, ASHRM.

NON-METROPOLITAN AREA MEMBERS:

We are aware that there are Risk Managers and interested parties that are not geographically close to New York City and unable to attend the programs that AHRMNY offers throughout the year. AHRMNY's purpose is to enhance the quality of the delivery of health services and the professional practice of healthcare and healthcare related risk management and patient safety throughout the Tri-State area. Non-Metropolitan Area Members must live or work outside of the five boroughs of New York City, Nassau, Suffolk, Westchester or Rockland counties.

TO JOIN AHRMNY

AHRMNY's membership period is generally July 1 through June 30. However, individuals or groups can join at any time. The membership is valid for one year from the payment of dues. Membership will be renewable on the anniversary of the last dues paid. **Non-Metropolitan Area** Member dues are \$50.00 annually. You may renew dues with a debit/credit card on our website at www.ahrmny.com, or complete this application form and submit to the address listed below. Your mailing address must be located outside of the above listed geographical areas.

Please contact us at (973) 641-5311 or ahrmny@gmail.com with any questions pertaining to membership.

ACTIVITIES:

Of special interest to non-metropolitan members who may not easily attend live events, we generally hold at least one webinar a year. This year we held two webinars. Webinars are generally free to members. Additionally our acclaimed quarterly risk management publication is distributed complimentary to all members.

Each year we will hold at least three educational sessions of which one is a full day session. The full day session (and annual meeting) is held each June, for which a fee may be required to attend. In addition there may be one or more networking/educational/special event(s), for which members may be required to pay a fee to attend. Webinars are also conducted that are usually free of charge to members. Some of the topics covered during our conferences include: medical malpractice case law, discoverability of risk management data, physician credentialing, regulatory issues, EMTALA, discharge planning, long term care, staffing, child abuse & contract management.

Our journal, **The Risk Management Quarterly**, is published regularly. It contains scholarly articles, reviews of lectures and other presentations on a wide variety of subjects related to risk management, insurance, patient safety, law and governmental regulations as well as event notices and other information of interest to members. The articles are usually written by AHRMNY members, so the journal also serves as an opportunity for members to exercise their writing talents.

Another important benefit of belonging to AHRMNY is the satisfaction of working on the Association's committees. Members share talents, learn new skills and become acquainted with new colleagues through their work on the Fundraising, Publications, Bylaws, Education, Public Relations, Finance and Membership Committees.

MISSION STATEMENT:

AHRMNY's purpose is to enhance the quality of the delivery of health services and the professional practice of healthcare and healthcare related risk management and patient safety by:

- Conducting educational activities to strengthen the development of healthcare and healthcare related risk management programs, enhance patient safety and promoting professional development of related staff.
- Providing a forum for the exchange of ideas and methodologies among members and other health professionals.
- Assisting in the development of professional relationships among Association members and other healthcare professionals in order to facilitate the free exchange of information for risk management, patient safety and to explore solutions of identified issues.
- Providing a forum for healthcare risk management and patient safety issues and explaining the impact of these issues to other appropriate parties including hospital associations, medical societies, civic groups and other relevant professional organizations.
- Acting as a central source of information in New York State on the new developments and trends in healthcare, patient safety and healthcare risk management.

Please be advised, the affiliation agreement between AHRMNY and ASHRM requires AHRMNY share the membership list and contact information with ASHRM.

If paying by check/money order, complete application below and mail to: AHRMNY, PO Box 4200, Grand Central Station, New York NY 10163

If paying with debit/credit card, click here to proceed to online application and payment screen → <http://ahrmny.com/join.php>

RATES:

\$50 Non-Metropolitan Area Membership

Please be sure to note on the application whether you are a member of the American Society for Healthcare Risk Management (ASHRM). Don't forget to indicate if you are interested in committee work.

Name: _____
Title: _____
Company: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

Please indicate: Renewal New Member Referred by: _____

Are you a current member of the American Society for Healthcare Risk Management (ASHRM) Yes No

Please specify if you are interested in working on an AHRMNY Committee:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communication | <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications | <input type="checkbox"/> Nominating |

Name: _____
Title: _____
Company: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

Please indicate: Renewal New Member Referred by: _____

Are you a current member of the American Society for Healthcare Risk Management (ASHRM) Yes No

Please specify if you are interested in working on an AHRMNY Committee:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communication | <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications | <input type="checkbox"/> Nominating |

Name: _____
Title: _____
Company: _____
Address: _____
Telephone: _____ Fax: _____ Email: _____

Please indicate: Renewal New Member Referred by: _____

Are you a current member of the American Society for Healthcare Risk Management (ASHRM) Yes No

Please specify if you are interested in working on an AHRMNY Committee:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Communication | <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publications | <input type="checkbox"/> Nominating |