



Professional Membership Application

**You must complete payment information
for your application to be processed.**

Please check one:

- One-year Professional membership: \$150
- One-year Student membership: \$75
- One-year Affiliate membership: \$75

Payment Method:

- Check enclosed** please make check payable to:

Institute for Healthcare Improvement
 53 State Street, 19th Floor
 Boston, MA 02109

- Credit card** please complete all fields below and submit via email to:
ASPPSinfo@ihi.org

Credit card information:

Please print clearly

Please charge to (circle one): **VISA** **MASTERCARD** **AMEX**

CARD NUMBER: _____

EXPIRATION DATE: _____ CARD VERIFICATION CODE: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Your privacy is important to us. We will not share, sell, or distribute personal information to outside parties.

IHI • 53 State Street, 19th Floor • Boston, MA 02109

ASPPS Member Services: 617.391.9931 • ASPPSinfo@ihi.org