

2010 Membership Application

The Executive Board of HAHIMA welcomes you to the association membership, prorated for 2010. It is a pleasure to serve the Health Information Professionals of Houston and surrounding areas. Thank you for your interest and support. Visit the HAHIMA website at hahima.org.

PREFERRED CONTACT INFORMATION (Please print)

NAME

(last)

(first)

(m.i.)

ADDRESS

CITY

STATE

ZIP

PHONE:

ALTERNATE PHONE #:

E-MAIL ADDRESS **Please note that most communications will be sent via email. Please be precise in providing your email address.*

EMPLOYER

JOB TITLE

I DO NOT WANT MY NAME/ADDRESS PUBLISHED IN THE MEMBERSHIP DIRECTORY

PLEASE SEND MEMBERSHIP DIRECTORY TO ME ON CD.

TYPE OF MEMBERSHIP:

- Active** (Active members must also be an active member of AHIMA) AHIMA# _____
Circle all that apply: RHIA RHIT CCS CCA CCS-P CHS CHP CHPS
\$15.00
- Associate*** Other professional not an active member of AHIMA
\$15.00
- Student*** School/Program: _____
\$7.50

Annual membership payment includes membership through August, 2010.

* Please note that Associate and Student members do not have voting privileges, and may not hold office.

Make checks payable to HAHIMA.

Return application AND payment to:
Diane Hardwicke, RHIA
3231 Amber Holly Ct.
Kingwood, TX 77345

For Credit card payment, please access <http://www.hahima.org>.

For membership questions or to change contact information, please contact Revecca Jones at (713) 792-2262 or via email at hahima07@yahoo.com.

(FOR INTERNAL USE ONLY) Method of pmt: Check # _____ Cash (amt) _____ Date Rcvd: _____