

## 2011-2012 Membership Application

The Executive Board of HAHIMA welcomes you to the 2011-2012 yearly association membership. 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](http://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 and search SPAM folder for messages.*

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  
\$40.00 Payment received on or before 9/30/11  
\$50.00 Payment received after 10/01/11
- Associate\*** Other professional not an active member of AHIMA  
\$40.00 Payment received on or before 9/30/11  
\$50.00 Payment received after 10/01/11
- Student\*** School/Program: \_\_\_\_\_  
\$15.00 Payment received on or before 9/30/11  
\$15.00 Payment received after 10/01/11

Annual membership payment includes membership through August, 2012.

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

**Make checks payable to [HAHIMA](http://hahima.org).**

Return application AND payment to:

Valerie Cooper  
2110 English Green Way  
Fresno, Texas 77545

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

For membership questions or to change contact information, please contact George Fisher via email at [hahima07@yahoo.com](mailto:hahima07@yahoo.com).

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