

Miami Valley Health Information Management Association

Membership Application 2011 – 2012

Please print or type

* indicates required fields

MEMBER INFORMATION

*AHIMA ID #: (if applicable)	
*NAME:	
CREDENTIALS:	
*HOME ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
**EMAIL: (This is how we will notify you of MVHIMA business)	
JOB TITLE: (i.e. Coder, Transcription, etc.)	
EMPLOYER:	
WORK ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	

***PREFERRED CONTACT (circle one): HOME / WORK**

One email address **must be provided to ensure receipt of MVHIMA communications. We will contact you via this email address and MVHIMA.org website. Please check it frequently. If your contact information changes, at anytime during the year, please let us know as soon as possible**

MEMBERSHIP INFORMATION

MEMBERSHIP CATEGORIES & DUES (check box for appropriate category)	
	ACTIVE – Credentialed/Non-Credentialed – \$10
	STUDENT – Degree seeking health information management student (does not have a previous degree from an HIM program of study) – Dues Waived (FREE)

By submitting this application form and my dues payment (if applicable), I hereby apply for membership to MVHIMA and agree to abide by the bylaws of the association (posted at MVHIMA.org).

The MVHIMA membership drive runs from September 1 through November 30, applications **must be received by November 30 to be considered active for any given association year**. The association year is from September 1 to August 30.

Return Application and Dues (if applicable) To:
(Make checks payable to: **MVHIMA**)

Jennifer L. Berry, RHIT
MVHIMA Membership Director
336 Perry Street
New Lebanon, Ohio 45345

----- MEMBERSHIP DIRECTOR – For accounting purposes only -----

Date Received: _____ Method of Payment (circle): CASH / CHECK # _____