

Miami Valley Health Information Management Association

Membership Application 2020 - 2021

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Please Print or Type

* indicates required field

MEMBER INFORMATION

*AHIMA ID #: (if applicable)	
*NAME (Last, First, MI):	
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 PHONE:	

***PREFERRED CONTACT (circle any that apply): HOME / WORK / EMAIL / PHONE**

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**

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MEMBERSHIP INFORMATION

MEMBERSHIP CATEGORIES & DUES (check box for appropriate category)
<input type="checkbox"/> ACTIVE – Credentialed/Non-Credentialed – \$15
<input type="checkbox"/> Board Director or Project Leader -- Credentialed/Non-Credentialed -- Dues Waived (FREE) Position on Board _____
<input type="checkbox"/> STUDENT – Degree seeking health information management student (does not have a previous degree from an HIM program of study) – Dues Waived (FREE) College/University Attending: _____

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 form must be received within the current membership year to be considered an active member. The membership year is from September 1, 2020 to August 31, 2021.

Return Application and Dues (if applicable) to:
MVHIMA c/o Membership Director
4951 Pepperwood Dr
Dayton, OH 45424

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

Date Received: _____ Method of Payment (circle): CASH / CHECK # _____
 Date Receipt Sent: _____ MVHIMA Voting ID: _____