



Northeast Ohio Health Information Management Association

**July 1, 2020 – June 30, 2021
Membership Form**

MEMBERSHIP STATUS

<input type="checkbox"/> Active: CCS, CCS-P, RHIA, RHIT (\$15.00)	<input type="checkbox"/> *Student: ACTIVE ENROLLMENT (\$5.00)
<input type="checkbox"/> CE only member of AHIMA (\$15.00)	School Name _____
<input type="checkbox"/> Other Active Member: CPC, CMA, etc (\$15.00)	Location _____
<input type="checkbox"/> Senior Honorary Member (no fee)	*We will verify with the school
	Anticipated Year of Graduation: _____

Name	Credentialed(s)	AHIMA ID Number
Mailing Address		Email Address
City/State/Zip		Phone Number
Employer Facility Name & Type		Title

POSITION CODE (Please select the one that best fits your present position; same as AHIMA Code)

- | | |
|---|----------------------------------|
| 01 Facility Administrator | 13 Consultant, Non self-employed |
| 02 Director, Health Info Services | 14 DRG Analyst |
| 03 Director, Not Health Info Services | 16 Salesperson |
| 04 Assistant Director, Health Info Services | 20 Coder |
| 05 Assistant Director, Not Health Info Services | 21 Abstractor |
| 06 Supervisor Health Info Services | 22 Transcriptionist |
| 07 Supervisor, Not Health Info Services | 24 Analyst |
| 08 Student, HIM Program | 25 Assembler |
| 09 Non-Supervisor Tech or Department
Other than Health Info Services | 26 Re-Analyst |
| 10 Director HIM Ed Program | 27 Correspondence |
| 11 Faculty HIM Ed Program | 28 Stats Coordinator |
| 12 Consultant, self-employed | 29 Other _____ |
- *Honorary Membership must be approved by NOHIMA B.O.D.

Please make checks payable to: **NOHIMA**
Return this form to address below or email to nohimapresident@gmail.com

NOHIMA
PO Box 22413
Beachwood, Ohio 44122