



SOUTHWEST OHIO HEALTH INFORMATION  
MANAGEMENT ASSOCIATION (SWOHIMA)

**2023-2024**

**Membership Application**

**MEMBER INFORMATION**

Name	Credential(s)	Date
Mailing Address		Email Address
City/State/Zip		Phone Number
Employer, Facility Name and Type (if applicable)		Title
College/University Attending (if applicable)		AHIMA ID Number

**MEMBERSHIP TYPE**

<i>Membership is active on the date of application. Applicable Membership Year 2023-2024.</i>		Dues	Select One
<b>INAUGURAL MEMBER</b>	Joined between Mar 20 2023 and July 1 2023	\$0	
<b>ACTIVE</b>	Credentialed/Non-Credentialed	\$15	
<b>BOARD OF DIRECTORS</b>	Credentialed/Non-Credentialed	\$0	
<b>STUDENT</b>	First-time HIM degree student	\$0	
<b>EMERITUS</b>	Conferred by SWOHIMA only	\$0	

By submitting this application form and dues payment (if applicable), I hereby apply for membership to SWOHIMA and agree to abide by the bylaws of the association (posted at OHIMA.org/southwest-ohio). Please notify SWOHIMA if your contact information changes.

Mailing Address for Application and/or Dues:  
SWOHIMA c/o Tiffany Cooper, Membership Director  
4951 Pepperwood Drive  
Dayton, OH 45424

*Membership Director Only below this line – For Accounting Purposes*

Date Received:	Date Dues Received:	Method of Payment:	Voting ID:
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