



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 <i>(if applicable)</i>		Title
College/University Attending <i>(if applicable)</i>		AHIMA ID Number

MEMBERSHIP TYPE

<i>Membership is active from the date of application through July 1, 2024</i>		Dues	Select One
ACTIVE	Credentialed/Non-Credentialed	\$15	
BOARD OF DIRECTORS	Credentialed/Non-Credentialed	\$0	
STUDENT	First-time HIM degree student	\$0	
EMERITUS	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 Brandy Bakker, Membership Director
5 Clevenger Ct
Springboro, OH 45066

Membership Director Only below this line – For Accounting Purposes

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