



**SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION**

**2017-2018 Membership Application**

Please choose a membership:

Student Membership /\$20 per year

Regular Membership /\$35 per year

Student Renewal /\$20 per year

Regular Renewal /\$35 per year

Active memberships span one 12 month period (from January - December)

Applicant's Name *First, Middle, Last*

Address

City

State

Zip Code

e-mail address

Phone Number

Employer

Address

City

State

Zip Code

Credentials (mark one)

- RHIA       RHIT  
 CSS       Student  
 Other \_\_\_\_\_

Are you an AHIMA member?

- Yes, Member ID#: \_\_\_\_\_  
 No

Instructions:

- (1) This form can be filled on screen then, click the print form button and mail in; or
- (2) You can simply click the print form button then, fill out by hand and mail in.
- (3) Make check/money order out to: South Florida Health Information Mgt. Assoc.
- (4) Finally, include application and fee and mail to:

*Mary Worsley, RHIT  
Treasurer, SFHIMA  
P.O. Box 900862  
Homestead, Florida 33090*

Please visit us on our official website at [www.SFHIMA.org](http://www.SFHIMA.org) for upcoming events and helpful information.