



Note: You can fill application then print
or just print form and fill in with ink.

SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION

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, MS, RHIA, CCS I Certified AHIMA ICD-10 Trainer
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Please visit us on our official website at www.SFHIMA.org for upcoming events and helpful information.