



# SOUTH FLORIDA HEALTH INFORMATION MANAGEMENT ASSOCIATION

## 2019 MEMBERSHIP APPLICATION

*(Please type or print)*

DATE : \_\_\_\_\_

*Please print*

NAME: \_\_\_\_\_

*(Name Change: When applicable, please include previous name.)*

CREDENTIALS:  RHIA     RHIT     CCS     CCA     CPC  
 STUDENT     OTHER (Specify)

Are you a member of AHIMA?  Yes  No If Yes, provide member ID # \_\_\_\_\_

If student, provide name of school: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ BUSINESS PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*Print clearly please, we will be using your email to communicate important information*

NAME OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

*(Please select one)* SEND MAIL TO:  HOME ADDRESS  BUSINESS ADDRESS  E-MAIL ADDRESS

MEMBERSHIP STATUS:  NEW MEMBER  RENEWAL

MEMBERSHIP DUES: ONE YEAR ( January - December )

- \$35.00 for:  Active  Corporate (per person)
- \$20.00 for:  Student

Make check payable to:

***South Florida Health Information Management Association (SFHIMA)***

Return your check and completed application to:

**Mary Worsley, SFHIMA Treasurer**

**PO Box 900862**

**Homestead, FL 33090**