



Treasurer Use Only

Check Number:
Cash (in person only): \$ _____
Recorded by: _____

Application Date _____

**Gulf Coast Health Information Management Association
2012 Membership Application**

Membership spans from **January 1, 2012 through December 31, 2012**. Dues are considered delinquent if not received by March 15, 2012. Delinquent dues will be charged a \$ 5.00 fee.

Last Name _____ **First Name** _____

Credentials: ___ RHIA ___ RHIT ___ CCS ___ CCS-P ___ CCA
___ CHP ___ CHPS ___ CPC ___ Other: (List) _____

___ Student: School Name _____ Graduation Date ___/___/___

Mailing

Address: _____

City: _____ **State:** _____ **Zip** _____

Personal E-mail

Address: _____

Alternate - no employer-considered spam

Email Address: _____

Employer: _____ **Position:** _____

Phone Numbers:

(Home) _____ **(Cellular)** _____

(Work) _____ **(Fax)** _____

Have you been a prior member of GCHIMA? ___ **Yes** ___ **No** **Member Since:** _____

Do you have an interest in volunteering on a GCHIMA Committee? **YES** _____ **NO** _____
(Program Committee, Nominating Committee, Bylaws Committee, etc.)

The following information will be used for both the emailing address and the Association's membership directory. Please indicate your choices:

- ___ **Yes**, publish this information in the directory. (may be on line in the future)
- ___ **No**, DO NOT have this information published in the directory.

Please return this completed form with your check (NO Credit Cards/ NO Cash in the mail):

- ___ \$ 20 AHIMA Member (AHIMA ID Number required) # _____
- ___ \$ 40 Non-AHIMA Member or Non-Credentialed, Non-Student
- ___ Student, **fee waived** for current students enrolled in an HIM degree seeking program

Payable to: GCHIMA (Gulf Coast Health Information Management Association)

Mail to: Colleen McComas, RHIT, GCHIMA Treasurer, 2303 Islander Ct., Palm Harbor, FL 33760