



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

Application Date _____

**Gulf Coast Health Information Management Association
2010 Membership Application**

Membership spans from **January 1, 2010 through December 31, 2010**. Dues are considered delinquent if not received by March 15, 2010. 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 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: Jeanna Hickey, RHIA; 1815 Stable Trail; Palm Harbor, FL 34685