

LVHIMA MEMBERSHIP APPLICATION
JULY 1, 2009 – JUNE 30, 2010

PLEASE PRINT

AHIMA ID # _____

Last Name _____ First Name _____

Preferred Address _____

City _____ State _____ ZIP _____

Credentials _____

Title _____

Employer _____

Home Phone _____

Work Phone _____

E-MAIL (Required) _____
**** (All LVHIMA communications will be made via e-mail and through the LVHIMA website. Please make sure your email address is legible so we can accurately add your name to the email listing)****

Please check type of membership:

- NEW MEMBERSHIP
- RENEWAL

Other association involvement:

- AHIMA
- PHIMA
- SEPHIMA
- OTHER _____ (specify)

Would you like to volunteer for an LVHIMA office or be a chairperson for 2009/2010?

- yes no

Would you like your name and email address published in the online directory on LVHIMA website? (Can only be viewed by LVHIMA members)

- yes no

(Over)

Membership Classification:

- Active - \$20.00 membership fee**
*All members currently holding a valid RHIA, RHIT, CCS, CCS-P, CCA, CHP, CHPS, or CHS credential(s). Active members are entitled to all membership privileges, including the right to vote, hold office, and hold committee appointments, including Chairperson.

- Associate - \$20.00 membership fee**
*All persons who are interested in the HIM profession and do not hold AHIMA Credentials. Associate members shall have all rights and privileges of Membership, including that of serving on committees; however they shall not be entitled to vote, hold office, and hold committee appointments, including chairperson.

- Student – no membership fee**
*Students currently enrolled in an approved program that are not employed full-time in a health information management field. If employed full-time in the health information management field they are eligible for either Active or Associate membership.
Student members do not have voting privileges and cannot hold office. They must be working toward their first degree. They may assist in Association projects as approved by the board. – Must be signed below by the Program Director.

Program Director

Return application and applicable dues by JULY 15, 2009 to:

**Cindy Ohrberg
38 Pennington Lane
Quakertown, PA 18951**

COMMENTS

Please list below any questions or suggestions that you may have for LVHIMA:

FOR OFFICAL USE:

Date Received/Paid _____

Check number _____

Added to Database _____