



**PONY EXPRESS
HEALTH INFORMATION MANAGEMENT ASSOCIATION
2010 APPLICATION FOR MEMBERSHIP**



NAME

 Last First
 RHIT RHIA Year Credentialed _____ AHIMA ID# _____

CREDENTIAL

HOME ADDRESS

 Street City State Zip Code

**WORK
ADDRESS**

 Name of Business

 Job Title Department

 Street City State Zip Code

TELEPHONE

Home Phone# () _____ Business Phone# () _____

E-mail Address _____

CHECK ONE

- Active Membership** - Dues are \$15.00 for calendar year. Active members are any credentialed practitioner.
- CE Membership** - Dues are \$15.00 for the calendar year. Any person CE only, according to AHIMA guidelines, seeking networking opportunities and continuing education credits.
- Student Membership** - Dues are \$5.00 for the calendar year. Any student enrolled in an approved Vocational or Accredited Program for Health Information.

COMMITTEES

Would you be willing to serve on one of the following committees:

- Yes No Bylaws
- Yes No Nominating
- Yes No Continuing Education
- Yes No Issues/Public Relations
- Yes No Finance
- Yes No Arrangements/Hospitality

**PLEASE SUBMIT
TO:**

Lucy Sweiger, RHIT
 4140 NE Heimbaugh Rd
 Weatherby, MO 64497