



Northwest Ohio Health Information Management Association

Membership Application
Northwest Ohio Health Information Management Association
July 1, 2008 - June 30, 2009

Name: _____

Mailing Address: _____

Home Phone: (____) _____ - _____

Employer/Facility: _____

Occupation: _____

Work Phone: (____) _____ - _____ **Fax:** (____) _____ - _____

E-Mail: _____

**Please provide your e-mail address - important for meeting and other notifications.
NWOHIMA does not share or sell its membership information.**

- Check here if you do not wish to receive e-mail directly from NWOHIMA. If you choose to opt out of receiving e-mail you may not receive all information sent to the membership, however you will still receive any information sent via OHIMA on behalf of NWOHIMA.

Check one:

- _____ \$15.00 **Active Member**
- Specify credentials _____ (RHIA, RHIT, CCS, CCS-P, etc.)
AHIMA Membership Number _____ (if applicable)
 - Non-credentialed interested in HIM
- _____ Free **Student** (Enrolled in an AHIMA accredited HIT/HIA Program)
- College: _____

Please mail completed membership application and payment check to:
NWOHIMA
P.O. Box 235
Perrysburg, OH 43552-0235

Your cancelled check is your receipt.