SEMHIMA
Membership Application Form for
October 1, 2011 – September 30, 2012

The Southeastern Michigan Health Information Management Association invites you to join as a member for the **October 1, 2011 to September 30, 2012 year.** SEMHIMA offers you the opportunity to network with healthcare management professionals and to obtain continuing education credits.

Please PRINT all information in the boxes provided.

Last Name	**First Name**	**Middle Initial**

Street Address	**Apt. No.**

City	**State**	**Zip Code**

E-mail (Required)	**Phone No.**	AHIMA No.

MEMBERSHIP DUES – *CHOOSE ONE Category*

Active Membership *or* **Associate Membership** *or* **Student Membership**

☐ $20.00 ☐ $20.00 ☐ $8.00

AHIMA Certification (Circle all that apply)
- **RHIA**
- **RHIT**
- **CHDA**
- **CHPS**
- **CCS**
- **CCS-P**
- **CCA**

Non qualifying credentials/ other degrees **(List all that apply) such as: RN, Masters, Bachelors**

Formally enrolled in HIT/HIM AHIMA Accredited/Approved program

Please make check payable to: **SEMHIMA**

Mail this form and check to:

Kristen Ambrosiewicz, BS, RHIT
780 Manor Drive
Milford, MI 48381

If you are interested in serving on the association's board for the year 2012 or volunteering your time, please check the appropriate box below.

Association Officer 2012/2013 ☐ **OR** **Committee/Volunteer 2011/2012** ☐

I would like to see educational seminars on the following topics (please circle):

RAC's ICD – 10 Leadership Skills
HIPAA Accreditation Standards Resume Tips/Job Search
Coding: Inpatient – Ambulatory – ER E/M Coding/Level
Other: _____

Office use only
Date:
Paid $:
Check #:
Received by:
Membership card: