



**SEMHIMA**  
**Membership Application Form**  
**for**  
**October 1, 2009 –September 30, 2010**

The Southeastern Michigan Health Information Management Association invites you to join as a member for the **October 1, 2009 to September 30, 2010 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
Email Address	Phone No.	AHIMA No.

**HIM Credentials**

**Membership Dues**

(Circle all that apply)

1. RHIT
2. RHIA
3. CCS
4. CCS-P
6. CCA
7. None (student)

**Annual Membership \$20.00**  
**HIT Student Membership \$ 8.00**  
**Please make checks payable to: SEMHIMA**  
**Mail check and this form to:**  
**Catherine Gray, Director**  
**25414 Willowbrook**  
**Flat Rock, MI 48134**

If you are interested in serving on the association's board for the year 2011 or volunteering your time, please check the appropriate box below.

<b>Association</b>		<b>Nominating</b>	<b>Elections</b>
<b>Officer 2011</b>	<b>OR</b>	<b>Committee</b>	<b>Committee</b>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>OR</b>		
		<b>Volunteer 2010</b>	
		<input type="checkbox"/>	

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

**Coding: Inpatient – Ambulatory - ER    E/M Coding/Leveling    RAC**  
**HIPAA    Leadership Skills    Accreditation Standards    Other: \_\_\_\_\_**  
 Paid \$ \_\_\_\_\_    Check # \_\_\_\_\_  
 Date \_\_\_\_\_    Receiver/Director \_\_\_\_\_  
 Roster: yes    no    Card issued: yes    no