

LONG ISLAND HEALTH INFORMATION MANAGEMENT ASSOCIATION

APPLICATION FOR MEMBERSHIP

Name: _____

Home Address: _____

Place of Employment _____

Address: _____

Position/Title: _____

Work Phone: _____ Home Phone: _____

Work Email: _____ Home Email: _____

If applicable, please complete the following credentials information:

RHIA Date of Registration _____ Registration Number _____

RHIT Date of Registration _____ Registration Number _____

CCS Date of Registration _____ Registration Number _____

CCS-P Date of Registration _____ Registration Number _____

Other Indicate: _____

Check the appropriate membership status box

- \$30.00 Active (*Must be an Active member of NYHIMA*)
- \$25.00 Associate (*Must be an Associate member of NYHIMA*)
- \$25.00 Student (*Must be a Student member of NYHIMA*)
- \$25.00 Supporting
- \$60.00 Corporate
- \$25.00 Senior Active (*Must be over 65 and an Active NYHIMA member*)

Please note the fee listed above includes a one-time application fee of \$10.00. After that the fees are \$10.00 lower!

Mail this completed application to: Rachel L. Cloward, RHIT
Credentials and Membership Chairperson
PO Box 543
Huntington Station, NY 11746-0429

Questions? Email: rlcr55@verizon.net

The LIHIMA membership listing is released on an annual basis to all active LIHIMA members. The information released is your name, credentials, LIHIMA membership status, place of employment and work number. LIHIMA will not release your home information. Please indicate if we can publish this information on our membership listing

YES NO

For use by Credentials/Membership Committee

Application fee received Check # _____ Date of Check _____ Card Sent