

CENTRAL NEW YORK HEALTH INFORMATION MANAGEMENT ASSOCIATION
MEMBERSHIP YEAR JULY 2016- JULY 2017
MEMBERSHIP FORM

*****Please remember that in order to qualify for the discounted member rate at CNYHIMA meetings your dues must be current. Also, if you attend our Annual Meeting you are automatically a member for the following year!**

NAME: _____
RHIA RHIT CCS CCS-P CHP CTR CDIS OTHER _____

TITLE: _____

EMPLOYER: _____

PRIMARY WORK SETTING: Acute Care Long Term Care Mental Health
Ambulatory Care Ancillary Physician/Outpatient Practice Vendor
Educator Other _____

PREFERRED MAILING ADDRESS: _____

EMAIL: _____

BUSINESS TELEPHONE: _____

CELL/HOME TELEPHONE: _____

DUES: The dues of this Association shall be **\$15.00** per year for Active, Associate, Inactive, Supporting and Other members. (*Asterisked membership categories do not have dues)

Active Associate Inactive Supporting Honorary*
Student*/Program: _____ Year of graduation: _____ Other _____

GEOGRAPHICAL PREFERENCE FOR MEETINGS: _____

TOPIC SUGGESTIONS: _____

SPEAKER SUGGESTIONS: _____

Make checks payable to CNYHIMA and return with this form to:

Nannette Backus
307 Mill Street
Theresa, NY 13691

Credit Cards not able to be accepted.

Membership questions? Please email membership@cnyhima.org

Thank you for your support!!!!