



Northwest Ohio Health Information Management Association

**Membership Application**  
**Northwest Ohio Health Information Management Association**  
July 1, 2010 - June 30, 2011

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer/Facility: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\*Please provide your e-mail address as it is important for meetings and other notifications.  
NWOHIMA does not share or sell its membership information.**

**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 a CAHIIM accredited HIT/HIA Program)

- College: \_\_\_\_\_

**Please mail completed membership application and check to:**

NWOHIMA  
P.O. Box 235  
Perrysburg, OH 43552-0235

Please note that membership applications may be submitted electronically to Deanah Moore, RHIT at:  
[Deanah Moore@mhsnr.org](mailto:Deanah_Moore@mhsnr.org)

\*\*\* In order to confirm membership, a receipt will be emailed once payment is received. A membership card will then be mailed \*\*\*