



2009

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

TITLE/JOB _____

WORK PHONE NUMBER _____

MEMBERSHIP STATUS

NEW _____ RENEWAL _____

RHIA _____ RHIT _____ CCS _____ CCS-P _____ OTHER _____

HIM STUDENT _____ If HIM Student, what is your expected date of graduation? _____

ANNUAL MEMBERSHIP DUES ARE **\$20.00** (HIM Students are \$10.00)

PLEASE MAKE CHECKS PAYABLE TO **TAHIMA**

MAIL APPLICATION AND CHECK TO:

**Barbara Spurlock
4330 So. K St.
Tacoma, WA 98418**

SIGNATURE _____ DATE _____

_____ YES, I WOULD LIKE TO GET INVOLVED IN **TAHIMA** BY SERVING ON COMMITTEES OR ASSISTING WITH PROJECTS AND PROMOTIONS.