



2012

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

TITLE/JOB _____

WORK PHONE NUMBER _____

MONTH AND DAY OF BIRTH _____

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 **\$30.00** (HIM Students are \$15.00)

JANUARY 1 – DECEMBER 31

INCLUDES MONTHLY TAHIMA MEETINGS

ADDITIONAL WORKSHOPS OUTSIDE OF THE MONTHLY MEETINGS ARE AN EXTRA FEE

PLEASE MAKE CHECKS PAYABLE TO **TAHIMA**

MAIL APPLICATION AND CHECK TO:

TAHIMA
PO Box 112437
Tacoma, WA 98411

SIGNATURE _____ DATE _____

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