

January 1, 2017 - December 31, 2017

TIDEWATER HEALTH INFORMATION MANAGEMENT ASSOCIATION
CONFIDENTIAL PERSONAL DATA SHEET
PLEASE TYPE OR PRINT ALL INFORMATION

MEMBERSHIP TYPE:

ANNUAL UPDATE _____ NEW MEMBER _____ ADDRESS CHANGE _____ NAME CHANGE _____

YEAR JOINED THIMA: _____ REFERRED BY: (first time members only) _____

PERSONAL INFORMATION:

NAME: _____ AHIMA MEMBER #: _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ E-MAIL ADDRESS: _____

CURRENT POSITION: _____

RHIA: _____ RHIT: _____ CCS: _____ CCS-P: _____ CCA: _____ CTR: _____ STUDENT: _____ OTHER(S): _____

EMPLOYER: _____

WORK ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ E-MAIL ADDRESS: _____

MAILING PREFERENCE: (Check Only One): HOME _____ OFFICE _____ E-MAIL _____

ARE YOU CURRENTLY PURSUING ADDITIONAL EDUCATION OR ADVANCED DEGREE?

YES _____ NO _____ DEGREE TYPE: _____

NAME OF INSTITUTION: _____

THIMA LEADERSHIP: PLEASE INDICATE FOR WHICH COMMITTEE/POSITION YOU ARE INTERESTED IN LEARNING MORE ABOUT (Check All That Apply):

ELECTED OFFICE: PRESIDENT-ELECT _____ SECRETARY _____ TREASURER _____

COMMITTEE WORK: AUDIT: _____ NOMINATING: _____ MEMBERSHIP: _____ E-GROUP: _____

FUNDRAISING: _____ SCHOLARSHIP: _____ PROFESSIONAL DEVELOPMENT: _____

SCHOLARSHIP FUND DONATION: I WISH TO MAKE A DONATION TO THE ALICE CLEMENT/SHARON ELSTEIN SCHOLARSHIP FUND.

MY (CHECK, CASH, MONEY ORDER) FOR \$ _____ IS ENCLOSED.

DUES: (Please circle the appropriate category below)

ACTIVE MEMBERS: **\$20.00**

SENIOR MEMBERS (MEMBERS 65 AND OVER): **\$10.00**

STUDENT IN AN ACCREDITED PROGRAM: **No Charge**

PLEASE MAKE CHECKS PAYABLE TO: **THIMA**

MAIL COMPLETED FORM AND CHECK TO: **Karen Phipps, Treasurer, THIMA
2649 Highland Drive
Virginia Beach, VA 23456**

TO SUBMIT PAYMENT VIA **PayPal** PLEASE VISIT THE THIMA website:

www.thima-va.org

INTERNAL USE ONLY: INDICATE DATE RECEIVED: _____

SECRETARY

TREASURER DUES PAID \$ _____ CHECK # _____

ROSTER UPDATE