



19 Aviation Road
Albany, NY 12205-1142

NYHIMA Membership Dues Invoice 2010-11 Association Year

(518) 435-0422
Fax (518) 435-0457
www.nyhima.org



Membership Year

The NYHIMA membership year runs from July 1 to June 30. Prompt dues payment will insure your membership rights, privileges, and services are not interrupted.

Active

HIM professionals who are active [voting] members of AHIMA.

Senior

In recognition of service to the profession, current AHIMA members who are 65 years old and older.

Corporate

For organizations providing services to the HIM profession. Two representatives are entitled to the rights and privileges of membership. AHIMA corporate membership not required.

Affiliate

Non-AHIMA member seeking NYHIMA membership.

Consultant's Listing

For individuals who wish to announce that they provide health information management consulting services.

Local Affiliation

There are nine (9) Component Local Associations within NYHIMA. Members may affiliate with one Local Association.

Long Term Care Section

Organized in 1988, the LTCS is open to anyone interested in Long Term Care. It provides a forum for the exchange of information, organizes educational programs, provides a unified group of identifiable LTC specialists in medical record data, and represents the views of the LTCS membership in issues of health care records for the long term care resident. The section bi-monthly newsletter is an invaluable educational resource.

Oscar Soberano Fund

Contributions provide funding for NYHIMA's Returning Student and Book Fund scholarship awards.

Joel Schwartz Memorial Fund

Contributions provide funding for NYHIMA's Joel Schwartz scholarship awards.

Provide membership and contact information required below. Type/print clearly.

Remittance Stub
(Please return with payment.)

*Anyone enrolling in the Consultant List service must indicate their area(s) of expertise

AHIMA ID#: _____
 Local: _____
 Full Name: _____
 Credential(s): _____
 Mail address: Work Home
 Mail Address: _____
 City, State Zip: _____
 Email: _____
 Work #: _____
 Fax #: _____
 Job Title: _____
 Organization: _____

<input checked="" type="checkbox"/> Check One	Dues/Fees	Amount
Active	\$ 50	
Senior	\$ 25	
Corporate	\$ 250	
Affiliate	\$ 50	
LTC Section	\$ 25	
Consultant List*	\$ 75	
Soberano Fund Donation		
Schwartz Fund Donation		

Total Remittance

Consultant List (required for service)

Check expertise area(s)

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Ambulatory Care
<input type="checkbox"/> Computer Applications	<input type="checkbox"/> Data Mgmt
<input type="checkbox"/> Education	<input type="checkbox"/> Hospice
<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Risk Mgmt
<input type="checkbox"/> Tumor Registry	<input type="checkbox"/> Utilization Review

Other: _____

Payment Options (Check One)

Check: made payable to NYHIMA and mailed with Remittance Stub to the address above. To insure proper credit to your account, write your AHIMA ID # on your check

Credit Card: if paying by Visa, Discover, MasterCard or American Express, complete information below and return to NYHIMA.

Bill my: Visa Discover MasterCard American Express

Card#: _____

Expiration Date: _____

Name on card: _____

Signature: _____

Date: _____

Verification Signature (required for membership)

I verify that I meet the eligibility requirements for the membership category** noted on this form.

Signature: _____

Date: _____

Thank you

**If your AHIMA member category has changed within the past year, attach a copy of your current AHIMA membership card.