



2019

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ 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? \_\_\_\_\_

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

ANNUAL MEMBERSHIP DUES ARE **\$35.00** FOR PROFESSIONAL MEMBERS & **\$15.00** FOR STUDENTS. WE ACCEPT THE FOLLOWING FORMS OF PAYMENT: CASH, CHECK, & CREDIT CARD WITH AN ADDITIONAL **\$1.50 FEE FOR CREDIT CARD PAYMENT.**

**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**

**Office Use Only**

Ck # \_\_\_\_\_ CA \_\_\_\_\_ CC \_\_\_\_\_

\$ \_\_\_\_\_

Workshop \_\_\_\_\_

Mail \_\_\_\_\_

**Please be advised that photographs will be taken at the TAHIMA workshops/events for use on the TAHIMA website, marketing materials, and other publications to promote future workshops/events. By entering this workshop/event, you consent to the TAHIMA photographing and using your image and likeness.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_