



2020

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 _____