



- NAME _____
- ADDRESS _____
- CITY _____ STATE _____ ZIP CODE _____
- HOME PHONE NUMBER _____
- EMAIL ADDRESS _____
- PLACE OF EMPLOYMENT _____
- JOB TITLE _____
- WORK PHONE NUMBER _____

MEMBERSHIP STATUS

NEW ___ RENEWAL ___

CREDENTIAL

RHIA ___ RHIT ___ CCS ___ CCS-P ___ OTHER _____

HIT/HIM STUDENT ___ If HIT/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, PAYPAL WITH AN ADDITIONAL \$1.50 FEE FOR CREDIT CARD OR PAYPAL 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 _____
Receipt given Email/In Person ___

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 _____