

**MEMBERSHIP APPLICATION**  
**Membership Year 7/1/2011-6/30/2012**

The **Health Information Management Association of Western New York** invites you to become a member in an effort to promote the health information management profession. The Association provides its members with various educational workshops, seminars, newsletters and social events to keep you informed in all aspects of our field of expertise. With your help, HIMAWNY will continue to be a success!

**Name:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Preferred E-mail Address (please print):** \_\_\_\_\_

**\*AHIMA#:** (required for Active members) \_\_\_\_\_

PLEASE INDICATE IF YOU DO NOT WANT ANY OF THIS INFORMATION RELEASED ON OUR MEMBERSHIP ROSTER  
**Please check the appropriate membership status box**

\$20 **Active** – must be an **active** member of both AHIMA and NYHIMA – eligible to vote, hold office, serve as Delegate, chair/serve on Committees (**\*AHIMA # required**)

\$10 **Senior Active** – Active members who are 65 years or older

\$20 **Associate** – individuals not qualified for Active status

\$0 **Student** – Student member of AHIMA and NYHIMA and currently enrolled in AHIMA approved HIA or HIT program  
Program Director signature \_\_\_\_\_

I have **NEVER** been a member of HIMAWNY in the past

Please mail this completed application with your check payable to HIMAWNY to the address listed below by August 31, 2011.

Jean Piechocki  
5141 Ryan Rd.  
Wyoming, NY 14591-9724

**OVER**

Name: \_\_\_\_\_

Please indicate your interest in participating in the Association by checking any of the committees listed below in which you are interested, or are willing to assist with arrangements to represent them.

**COMMITTEES**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Archives</b>    | <input type="checkbox"/> <b>Sunshine</b>           |
| <input type="checkbox"/> <b>Bylaws</b>      | <input type="checkbox"/> <b>Mentoring</b>          |
| <input type="checkbox"/> <b>Education</b>   | <input type="checkbox"/> <b>Strategic Planning</b> |
| <input type="checkbox"/> <b>Membership</b>  | <input type="checkbox"/> <b>Public Relations</b>   |
| <input type="checkbox"/> <b>Nominating</b>  |  |
| <input type="checkbox"/> <b>Other</b> _____ |  |

**SPECIAL INTEREST GROUPS**

- Long Term Care Special Interest Group**  
 **Coding Special Interest Group**  
 **Ambulatory Care Special Interest Group**

Are you interested in running for any offices? Check all that apply.

- President**  
 **Treasurer**  
 **Secretary**  
 **Elected Director**

Suggestions for meeting topics or educational programs and preferable times: \_\_\_\_\_

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OTHER COMMENTS: \_\_\_\_\_