Greater Jacksonville Chapter

Association for Healthcare Documentation Integrity

Membership Application/Renewal – Year 2008

"North Florida's partner in quality healthcare documentation"

Name _____

(Please print) *First* *Initial* *Last*

Address_____

City _____ **State** _____ **Zip Code** _____ **Date of Birth** _____ /_____

Month/Day

Home Phone (_____ **)** _____ **E-mail** _____

Fax Number (_____ **)** _____ **Work Phone (** _____ **)** _____ **Cell Phone (**_____**)** _____

AHDI Number (*if applicable***)** _____ **CMT Number (***if applicable***)** _____

Current Position/Employer _____ **Experience** _____ **years**

Referring Member (*if applicable***)**

_____

AHDI Members:

_____ **Individual Professional ($20.00)**

_____ **Student ($10.00)**

_____ **Postgraduate ($15.00)**

_____ **Corporate ($100.00)**

_____ **Retired ($10.00)**

_____ **Educational Membership ($100.00)**

_____ **Institutional ($100.00)**

_____ **Honorary (No Fee)**

Non-AHDI Members:

_____ **Individual Professional ($40.00)**

_____ **Student ($20.00)**

Membership is for one calendar year beginning January 1 and ending December 31 of that year. Membership includes opportunities abound for developing leadership skills in your particular area of interest. Networking, making new friends, and socializing with fellow MTs are some of the most beneficial rewards of all. Membership also includes one chapter pin. Dues and benefits are nonrefundable and nontransferable.

GJC-AHDI dues and donations are not deductible as charitable contributions for federal income tax purposes, but they may be deductible as ordinary and necessary business expenses.

Make Check Payable to: GJC-AHDI

Mail To: Darlene Myers, Treasurer
8300 Plaza Gate Lane # 1051
Jacksonville, FL 32217

(Revised 01/08)