



"North Florida's partner in quality healthcare documentation"

# Greater Jacksonville Chapter - Association for Healthcare Documentation Integrity

## Membership Application/Renewal – Year 2011

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/Associate 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: Sherry Martin, CMT, Treasurer  
2346 Kanaka Drive  
Jacksonville, FL 32246*

*(Revised 01/11)*