

SePHIMA

Southeastern Pennsylvania Health Information Management Association

Membership Application 2008-2009

New Member: _____ Yes _____ No Date: _____

Status: _____ Active - Credentialed (please list): _____
- No Credentials

_____ Student - College/University Attending: _____

Program Director's Signature: _____

_____ Senior - 65+

_____ Honorary (with board approval only)

****Annual Membership Dues: \$20.00****

(Dues are waived for students and honorary members)

.....
Name: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____

_____ (City) (State) (Zip Code)

Phone: (_____) - _____ - _____

E-Mail Address: _____

.....
Employer: _____

Dept/Title: _____

Address: _____

_____ (City) (State) (Zip Code)

Phone: (_____) - _____ - _____ Fax: (_____) - _____ - _____

Preferred Mailing Address: Home _____ Work _____ (Please check one)

I hereby apply for membership in SePHIMA: _____

Signature

Make check payable to SePHIMA and return application to:

Geralynn Bryers
SePHIMA Membership
Fox Chase Cancer Center
50 Huntingdon Pike
Rockledge, PA 19046