



Capital Chapter
Association for Healthcare Documentation Integrity
Membership Application

New Member _____ **Renewal** _____ Today's date: _____

Name _____
(Please print) *First* *Middle Initial* *Last* *Credentials*

Address _____

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

Home Phone (_____) _____ E-mail address _____

Other Phone (_____) _____ Emergency Contact _____ Phone (_____) _____

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

Current Position/Employer _____ Experience _____ years

Current Student: School _____ Expected Program Completion Date _____

Referring Capital Chapter Member *(if applicable)* _____

2012 Chapter Dues

Please mark the appropriate category

AHDI Member: (Membership # must be provided above)

_____ Professional Membership (\$20)

_____ Student Membership (\$10) - *Must currently be enrolled as a student in an MT program*

Non-AHDI Member:

_____ Professional Membership (\$25)

_____ Student Membership (\$15) - *Must currently be enrolled as a student in an MT program*

_____ Educational Membership (\$50)

_____ Corporate Membership (\$50)

***Membership is for one calendar year -
January 1 through December 31.***

**Make check payable to:
Capital Chapter - AHDI**

Mail to Treasurer: Christi Crossan
230 Lexington Dr.
Austin, TX 78737

Capital Chapter 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.