

NEW
RENEWAL

ADDRESS CHANGE
OTHER CHANGE

2010 SHIMA MEMBERSHIP APPLICATION

PLEASE NOTE: All information submitted on this form will be kept strictly confidential. It will only be used with approval of the SHIMA board for SHIMA business.

Name:		<input type="checkbox"/> RHIA	<input type="checkbox"/> RHIT	<input type="checkbox"/> CCS
		<input type="checkbox"/> CPHQ	<input type="checkbox"/> Student	
		<input type="checkbox"/> Other _____		
Address				
City		State		Zip Code
Home Phone			E-Mail Address (please print clearly)	
Employer Name (optional)			Your Job Title/Function (optional)	

***PLEASE NOTE **SHIMA is encouraging our members to receive the newsletter via email.
If you have an email address, please respond below...***

- I would like to receive SHIMA membership communication via email. My email address is listed above
- My Contribution for the Lucy Hay Memorial Scholarship Fund \$ _____
PLEASE HELP SUPPORT THE STUDENT FUND WITH A DONATION
- I'd like to participate further in SHIMA as:
- | | |
|--|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> SHIMA Says contributor |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Assisting with Mailings |

Membership Fees Enclosed:

- \$20.00** for Active Membership (non-student)
- \$5.00** for Student Membership
- Fee Waived for Honorary Membership

Please make checks payable to **SHIMA** and mail with completed form to:

SHIMA
PO Box 80842
Seattle, WA 98108-9998