## **CURRENT YEAR January 1, 2022 - December 31, 2022**

## TIDEWATER HEALTH INFORMATION MANAGEMENT ASSOCIATION CONFIDENTIAL PERSONAL DATA SHEET PLEASE TYPE OR PRINT $\underline{ALL}$ INFORMATION

| MEMBERSHIP TYPE:                                    |                           |   |               |             |        |
|---|---------------------------|---|---------------|-------------|--------|
| ANNUAL UPDATE                                       | NEW MEMBER                | ADDRESS CHA   | NGE           | NAME CHANGE |        |
| YEAR JOINED THIMA:                                  | REFER                     | RRED BY (first time me                                      | embers only)  |             |        |
| PERSONAL INFORMAT                                   | ION:                      |   |               |             |        |
| NAME:   |                           | AHIMA   | A MEMBER #:   |             |        |
| HOME ADDRESS:                                       |                           | CITY  |               | STATE       | ZIP    |
| PHONE:  | E-MAIL &                  | ADRESS:   |               |             |        |
| CURRENT POSTION:                                    |                           |   |               |             |        |
| RHIA: RHIT:   | CCS: CCS-P:               | CCA: C  | TR: STU       | DENT: OTH   | ER(S): |
| EMPLOYER:   |                           |   |               |             |        |
| WORK ADDRESS:                                       |                           | CITY  |               | STATE _     | ZIP    |
| PHONE:  | FAX:                      | E-MAIL ADD  | RESS:         |             |        |
| MAILING PREFERENCE                                  | E: (CHECK ONLY ONE):      | HOME  | OFFICE        | _ E-MAIL    |        |
| ARE YOU CURRENTLY PU                                | URSUING ADDITIONAL ED     | UCATION OR ADVAN  | ICED DEGREE?  |             |        |
| YES NO  | WHAT DEGREE?              |   |               |             |        |
| NAME OF INSTITUTION?                                |                           |   |               |             |        |
| CHECK ALL THAT APPLY:  ELECTED OFFICE: PRESI        |                           | SECRETARY   | TREASURER     | ·           |        |
| COMMITTEE WORK:                                     |                           |   |               |             |        |
| FUNDRAISING:  | SCHOLARSHIP:              | PROFESSIONAL DEV  | ELOPMENT:     |             |        |
| SCHOLARSHIP FUND D<br>I WISH TO MAKE A DONA         |                           | MENT/SHARON ELSTI   | EIN SCHOLARSH | IIP FUND    |        |
| MY (CHECK, CASH, MONE                               | EY ORDER) FOR \$          |   | _IS ENCLOSED. |             |        |
| DUES: (Please circle the a                          | ppropriate category belov | w)  |               |             |        |
| ACTIVE MEMBERS: \$30.0                              | 0                         |   |               |             |        |
| SENIOR MEMBERS (MEMI                                | BERS 65 AND OVER): \$10.  | .00   |               |             |        |
| STUDENT IN ACCREDITE                                | D PROGRAM: No Charge      |   |               |             |        |
| PLEASE MAKE CHECK<br>MAIL COMPLETED FO              | Trac<br>1137              | cy Leigh, Treasurer,<br>Orkney Drive<br>inia Beach, VA 2346 |               |             |        |
| Visit www.thima-                                    | va.org to pay by          | Paypal  |               |             |        |
| INTERNAL USE ONLY: IN SECRETARY TREASUREI ROSTER UP | Y<br>R DUES PAID \$_      | CHECK #   | <u> </u>      | _           |        |