



Association for Healthcare Documentation Integrity

AHDI Membership Application

Name (print or type) _____

Address Home Work _____

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Work Phone Home Phone

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Fax Email

CMT# (if any) _____ I am a former AHDI member. ID# _____ I used a different name _____

AHDI Membership Categories (check one)

Note: International members receive benefits electronically

Individual Professional: \$135

Any person who is employed in or involved in the field of healthcare documentation and data capture.

Student: \$55

Any person who is currently enrolled in a medical transcription course or program and is not working as an MT.

Postgraduate: \$85

Any person who has graduated from a medical transcription course or program and is not currently working as an MT.

Sustaining: \$63

Any person who has been an Individual Professional member for at least two years, who has left the medical transcription field and is not currently employed (retired).

Corporate: \$400

Any company or manufacturer providing products or services to the field of medical transcription, or any healthcare organization which employs medical transcriptionists.

Educational: \$200

Any educational delivery institution which trains medical transcriptionists.

Please select your PRIMARY work setting:

At Home On Site

Please select your CURRENT occupational status:

Full-time (IC) Part-time (IC) Full-time (Emp) Part-time (Emp)
 Postgraduate Student Retired Freelance/Consulting

Please select your PRIMARY Healthcare Documentation Role (select only one) :

- Traditional Medical Transcriptionist
- Speech/Voice Recognition Editor
- Medical Transcription Service Owner
- Medical Transcription Recruiter/Trainer
- Medical Transcription IT Support & Services
- Healthcare Biller/Coder
- Healthcare Provider (Physician, Nurse, Allied Health Worker)
- Quality Assurance Proofreader/Editor
- Medical Transcription Educator
- Medical Transcription Manager/Supervisor
- Medical Transcription Sales/Marketing/PR
- Health Information Management Professional (RHIA, RHIT)
- Health/Medical/Bio Informatician
- HIT Application/Software Developer

AHDI Membership dues and benefits are nonrefundable and nontransferable.

AHDI occasionally rents its membership list to prescreened vendors for direct-mail advertising related to medical transcription. Indicate if you want to have your name withheld.

Yes, please withhold my name.

Payment: Enclosed is my check or money order, payable to AHDI (US dollars) or: Visa Master Card American Express Discover

Credit Card # _____ Exp. date _____

Cardholder name (please print) _____

Authorized Signature _____