



Susquehanna Valley Chapter
Association for Healthcare Documentation Integrity

MEMBERSHIP/RENEWAL APPLICATION

New _____ Renewal _____

NAME _____

AHDI# _____ CMT# _____ DATE OF BIRTH _____

MAILING ADDRESS _____

PHONE NUMBERS Home () _____ Work () _____
Cell () _____ Fax () _____

E-MAIL ADDRESS _____

EMPLOYER _____

BUSINESS ADDRESS _____

AHDI member, please choose one of the following:

Individual Professional (\$25) _____ Student (\$15) _____ Associate (\$25) _____

Component only member, please choose one of the following:

Individual Professional (\$35) _____ Student (\$25) _____ Associate (\$35) _____

Please make check payable to **Susquehanna Valley Chapter - AHDI** and mail application with check to:

Mary T. Sanders CMT
1880 Aeronca Street
Carlisle, Pennsylvania 17013-1102

I give my permission to have my personal information included in the SVC-AHDI membership/subscribers roster:

SIGNATURE _____ DATE ____/____/____

MEMBERSHIP/RENEWAL APPLICATION

Continued

Education:

Summary of Medical Transcription Experience:

Special Interests/Hobbies:

Special Skills:

Can you help with any committees?