Association for Healthcare Documentation Integrity

AHDI Membership Application

Name (print or type)

Address ❑ Home ❑ Work

( ) Work Phone

( ) Home Phone

( ) 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

ASSOCIATION FOR HEALTHCARE DOCUMENTATION INTEGRITY (AHDI)
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