****

 **AHDI Membership Application**

 **For Individuals**

|  |
| --- |
|       |
| Name (print or type)  |
|       |
| Address [ ]  Home [ ]  Work |
|       |       |       |       |
| City | State | Postal Code | Country |
| (     )       | (     )       | (     )       |
| Work Phone | Home Phone | Mobile Phone |
|       |
| Email[ ]  I am a former AHDI member. ID#       [ ]  I used a different name        |

|  |
| --- |
| **AHDI Membership Categories for Individuals** (check one):  |
| **Individual Professional:** **[ ]  $150**Any person who is employed in or involved in the field of healthcare documentation and data capture. | **Student:**  **[ ]  $45 (dues reduced)**Any person who is currently enrolled in a medical transcription or healthcare documentation course or program and is not working in the field. **School Attending:**       |
| **Sustaining:** **[ ]  $75**Any person who has been an Individual Professional member for at least five years, who has left the healthcare documentation field and is no longer employed (retired). | **Postgraduate:** **[ ]  $75**Any person who has graduated from a medical transcription or healthcare documentation course or program and is not currently working in the field. |
|  |  |
| **Please note:** AHDI Membership is for one year from the original join date. AHDI dues and benefits are nonrefundable and nontransferable. | **[ ]**  I do not wish to be listed in the membership directory.**[ ]**  I do not wish to receive mailings from 3rd parties. |

|  |  |
| --- | --- |
| **Please select your PRIMARY work setting:** | **Please select your PRIMARY Healthcare Documentation Role (select only one) :** |
| [ ]  Remote [ ]  Onsite [ ]  Hybrid [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Medical transcriptionist (traditional)[ ]  Speech/voice recognition editor[ ]  Compliance (HIPAA privacy and/or security)[ ]  Mid-level management (manager/supervisor)[ ]  Health information management[ ]  Quality assurance [ ]  Clinical documentation improvement[ ]  Documentation integrity auditor[ ]  Executive management (CEO, VP, owner) | [ ]  Educator[ ]  HR, recruiter [ ]  Healthcare provider[ ]  Medical scribe[ ]  Coder[ ]  Sales, marketing [ ]  Trainer[ ]  Veterinary scribe[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please select your CURRENT employment status:**  |  |  |
| [ ]  Employee [ ]  Student [ ]  Retired | [ ] Independent contractor[ ] Business owner[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| **Type of company you work for:**  | **Payment:** |
| [ ]  MTSO (medical transcription service organization)[ ]  Consulting company[ ]  Hospital or healthcare system[ ]  Physician or practice group [ ]  Educational organization[ ]  Technology company [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  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) CVV |
|       |
| Authorized Signature |

 |