**A logo for a health care company

Description automatically generated**

**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 | | | |