



BUCKEYE AREA CHAPTER AHDI **NEW** MEMBERSHIP APPLICATION (Page 1 of 2)

NAME \_\_\_\_\_ Credentials (RMT, CMT, RHIT, other, etc)

\_\_\_\_\_

BIRTHDAY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_

EMPLOYER/ BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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EDUCATION:

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SUMMARY OF MEDICAL TRANSCRIPTION EXPERIENCE:

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SPECIAL INTERESTS/ HOBBIES:

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SPECIAL SKILLS:



BUCKEYE AREA CHAPTER AHD I MEMBERSHIP/ RENEWAL APPLICATION (Page 2 of 2)

PLEASE CHECK YOUR MEMBERSHIP CATEGORY/ DUES AMOUNT:

\_\_\_\_\_ **INDIVIDUAL PROFESSIONAL - \$20.00** Any person whose employment is or has been in the field of healthcare documentation and data capture. Any person holding Individual Professional Membership in good standing shall be entitled to all membership privileges, including the right to vote, to hold office (if also an AHD I member) and a committee appointment.

\_\_\_\_\_ **STUDENT - \$10.00** Any person who is studying to become a medical transcriptionist, and who is not paid to do medical transcription, is eligible for Student Membership for two (2) years. Any person who is still enrolled in a medical transcription program after two (2) years may be eligible for a third year of student membership upon verification of estimated completion date. Student category may not exceed three (3) years. Student members shall be eligible to vote and hold office (if also an AHD I member) in a local chapter. Student members may serve on or as chairperson for chapter committees, with the right to vote on committee decisions.

\_\_\_\_\_ **HONORARY - No Cost** Any person or organization engaged in furnishing services to AHD I shall be eligible for Honorary Membership, upon approval by the Board of Directors. Honorary Members shall not be entitled to vote or to hold office.

Membership runs from January-December each year. Membership dues received November 1 or later pays for membership for the remainder of current year and all of the following year.

Please make check or money order payable to:

Buckeye Area Chapter AHD I

Mail this form with your dues to:

Treasurer - Karen Smith, CPEHR, AHD I -F, BS HSM

20 Reich St. Trotwood, OH 45426

Home: 937.854.7668 [ksmith39@woh.rr.com](mailto:ksmith39@woh.rr.com)

Please note you may also email this completed form to our treasurer and request an invoice for your membership dues. Our invoice will be sent to you via PayPal. You may pay the invoice using a credit card or bank card using PayPal's secure payment system (note there is a \$3.00 PayPal service fee added to the membership costs for making payments via PayPal).

DATE

\_\_\_\_\_ AHD I #

\_\_\_\_\_ SIGNATURE

Contributions or gifts to BAC/ AHD I are not deductible as charitable contributions for Federal Income Tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense. Please consult your tax professional for advice.

(rev 1-9-12)