



# Space Coast Chapter—Association for Healthcare Documentation Integrity

[www.ahdi-fl.org/scc-index.htm](http://www.ahdi-fl.org/scc-index.htm)

## Advantages of Chapter membership:

- Networking and camaraderie with other transcriptionists, companies and vendors
- Educational and professional development opportunities
- Continuing education credits for CMTs, RMTs, CHDS, RHDS
- Medical and nonmedical guest lecturers
- Quarterly meetings
- Online quarterly chapter newsletter, the STAT REPORT, to keep up-to-date on current happenings, industry trends, job openings, and other helpful information

## Chapter Application/Renewal Form—2018

Name: \_\_\_\_\_ DOB: (MM/DD) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Total years in health information/medical transcription: \_\_\_\_\_

Student: Name of School: \_\_\_\_\_ Graduation date: \_\_\_\_\_

(If applicable)

AHDI # \_\_\_\_\_ Expires: \_\_\_\_\_ CMT/RMT # \_\_\_\_\_ Expires: \_\_\_\_\_

### Chapter Membership: (Circle One)

Full Year (Jan-Dec): Practitioner/Professional \$20.00 Student/Postgrad \$10.00

Half Year (Jul-Dec): Practitioner/Professional \$10.00 Student/Postgrad \$ 5.00

**Note: If you join the chapter only (and not AHDI) you are not eligible for holding office or voting in chapter elections.**

**There are various opportunities for members to support the chapter, such as participating on a committee or working on a short-term project. This is an enjoyable way to network and get ideas for future projects.**

### Please indicate an activity below that interests you:

Newsletter     Sunshine/Hostess     Library     Educational Programs  
 Membership     Annual Symposium     Meeting coordinator     CMT study/mentoring  
 Nominating committee (July-Nov)     Ways & Means (fundraising)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to **Space Coast Chapter**, and mail this application and your check to:  
**Jane Capo, SCC, 1711 SW Cascade Rd., Port St. Lucie, FL 34953**

OFFICE USE ONLY: Date received \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Amount \_\_\_\_\_ Copy to Membership \_\_\_\_\_