

**NORTHERN ALLEGHENY MOUNTAIN CHAPTER
ASSOCIATION FOR HEALTHCARE DOCUMENTATION INTEGRITY**

2008 MEMBERSHIP APPLICATION

Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

E-MailAddress _____

Phone # _____ **Fax #** _____

I am (check all that apply):

- MT Practitioner
- Self-employed MT
- MT Student
- Supervisor/Manager
- MT Business Owner
- MT Educator
- Other _____

Employer _____

Position _____

Are you a current AHDI member? _____

Annual Dues \$10.00

(January 1, 2008 through December 31, 2008)

Checks payable to: **Northern Allegheny Mountain Chapter (NAMC)**

Payment may be sent to: **Elizabeth Jane Long, CMT
9568 German Road
North East, PA 16428**

