



*Northern Illinois Chapter
Association for Healthcare Documentation Integrity*

MEMBERSHIP REMITTANCE FORM

If you are a member of AHDI (formerly AAMT), you must provide your AHDI membership number below. Your category of membership in both NIC and AHDI must be the same; e.g., students must be students in both, associations must be associations in both, etc. If you are not a member of AHDI and would like to join, you can request a membership form from LeAnne Herrington, any NIC board member, or AHDI. You can also download a membership application at www.ahdionline.org.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-Mail: _____

Medical Transcription Years: _____ AHDI Membership Number: _____

Are you a CMT or an RMT? CMT RMT Neither

How would you like to receive your NIC-AHDI newsletters? E-mail (preferred by NIC)

US Mail

NOTE: All information will be published in the NIC-AHDI member directory unless otherwise specified.
If you are a new member to NIC and join after March 1st then this year's membership is half the cost until September 1st.

NIC-AHDI Membership Categories (check one)

Active Practitioner: \$20 \$40 non-AHDI member

Any person whose primary employment is or has been the transcription of medical reports.

Student: \$15 \$30 non-AHDI member

Any person who is currently enrolled in a medical transcription course or program.

Postgraduate: \$15 \$30 non-AHDI member

Any person who has graduated from a medical transcription course or program but is not yet employed as an MT.

Sustaining: \$20 \$40 non-AHDI member

Any retired person who has been a Practitioner Member for at least two years in the past, who has left the medical transcription field but has not entered into another field of employment.

Associate: \$20 \$40 non-AHDI member

Any person interested in the purposes of the Association but not meeting the qualifications of Practitioner membership.

Corporate: \$120 \$240 non-AHDI member (6 members allowed) Any company or manufacturer providing products or services to the field of medical transcription, or any Healthcare delivery institution which employs medical transcriptionists. Members cannot vote nor hold office.

Honorary: \$20 \$40 non-AHDI member

Any person engaged in furnishing services to NIC shall be eligible for Honorary Membership upon approval of the board. Members cannot vote nor hold office.

Institutional: \$120 \$240 non-AHDI member (6 members allowed) Any healthcare delivery or educational institution which employs or trains medical transcriptionists. Members cannot vote nor hold office.

Total enclosed: \$ _____

Signature: _____ Date: _____

Mail your remittance form and check made payable to NIC-AHDI to:

LeAnne Herrington, CMT
202 E. Kendall Dr.
Yorkville, IL 60560