



Annual Membership Application

Name: _____

Credentials: CPHQ RN LPN RHIA RHIT Other

Title: _____

Business Phone: () _____

Home Phone: () _____

Organization: _____

Business Address: _____

City: _____ State: ____ Zip: _____

FAX: () _____

E-mail address: _____

Are you a member of NAHQ? Yes / No

Send more information on: NAHQ Membership / CPHQ Program

Signature: _____

(Please include dues of \$45/one year)

Return using one of the following methods:

Mail to:

Virginia Wyss
2202 Tradition Lane
Janesville, WI 53545

Email to:

vwyss@ameritech.net