

**CSA Coordinator CTHIMA
Penelope R. Deotte, RHIT, CCS
Central Office Coordinator
CT Health Information Management Association
P.O. Box 39
Rockfall, CT 06481-0039**

Dear _____

Our Company _____ would like to become a Corporate Member for the coming year in the Connecticut Health Information Management Association.

We understand the benefits as follows: all Corporate Members will receive mailings and email notices about CTHIMA events, including the quarterly, electronic newsletter. Also, Corporate Members will be listed on a separate Vendor Page on the CTHIMA website. And will receive a link to their website and/or email address from the CTHIMA Vendor page.

Corporate Members will also have advertising fees waived for the first 6 months of new membership, thereafter, we understand that the fee will be 15% depending on desired advertising and placement. Corporate members may also submit articles for inclusion in the newsletter.

We understand the Annual dues are \$300, and that membership is for one annual year from the date of agreement.

If accepted, our Corporate Representative will be: _____ who will exercise for us the rights and privileges of Corporate Membership including serving on CTHIMA committees.

Enclosed, please find our check for \$300, made payable to Connecticut Health Information Management Association.

Sincerely,

Signature _____ Date _____

Street address _____

City _____ State _____ Zip _____

Fax _____ Email _____

Website: _____

Nature of Business _____

9/05