

**TEXAS HEALTH INFORMATION MANAGEMENT ASSOCIATION
VOLUNTEER OF THE YEAR 2005 - 2006
NOMINATION FORM**

NOMINEE: _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE: _____
E-MAIL: _____

This nominee is an active member of AHIMA, has been a Texas resident for at least one year, and is a citizen of the United States or holds permanent resident status in the U.S.

Volunteer Contributions: _____

Nominated by: _____ Date: _____
Telephone: _____ Email: _____

*Please attach any additional information & return to TxHIMA Executive Office:
txhima@txhima.org or 1700 A Ranch Road 12 #345, San Marcos TX 78666 or
Fax to 512/392-4718 by deadline date: **March 1, 2006***