

INDIVIDUAL Membership

Membership Application

Please complete the form below and mail or fax payment to: HIMSS 6901 Eagle Way, Chicago, IL 60678-1690 | Phone: 312.664.4467 Fax: 312.915.9209

Name _____ Date of Birth _____

Position or Title _____ RN MD PhD RPh Other Credentials

Organization _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Work Phone _____ Fax Number _____

Email Address** _____

Home Street Address same as work _____

City _____ State _____ Zip _____ Country _____

Preferred Mailing Address (Your work address will be listed in the online directory) Home Work

Membership Dues (in USD) Please check one

Individual Membership USD100

Student Member USD30 Evidence of full-time matriculation must be provided
 Graduate Undergraduate Dean's List

India Chapter Member

Open to AsiaPac members only. Non-AsiaPac members can join the India Chapter by subscribing to the AsiaPac membership.
 Members residing in India are automatically included in the India Chapter. For members residing outside of India, please indicate if you would like to join the India Chapter.

University _____

Expected Graduation Date _____

Your Professional Title Please check one.

Information & Management Systems

- CIO, CTP, VP of IT/IS/MIS/Network
- Director/Manager Data Processing/MIS
- CSO, Director/Manager Info Security/Site Security
- Director of Management Engineering
- Manager of Management Engineering
- Dir/Mgr of other IT Department
- Non-Management
- Systems Analyst
- Programmers/Developers
- Other (Please specify)

General & Financial Management

- CEO, Chairman, President, Exec Director, Adm, Group Practice Manager
- COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator
- CFO, VP/Finance, Finance Director, Controller
- VP/Director/Manager of other Admin/Financial Dept
- Non-management
- Other (please specify)

Clinical Management

- CMO, CMIO, Medical Director, Chief of Staff
- CNO, CNIO, VP/Director/Manager of Nursing
- Physician
- Nurse
- Registered Pharmacist
- Chief/Dir/Mgr of other Clinical Department/Lab Srv/Pharmacy
- Other (please specify)

Others Allied to the Field

- IT, Business Consultant
- Professor/Educator
- Student
- Programmers/Developers
- Marketing & Sales
- Government Employee/Public Servant
- Non-Management
- Other (please specify)

Your Work Site

- Academic Institution
- Ancillary Clinical Service Provider
- Ambulatory Care Facility
- Federal, State or Local Government Office
- Healthcare Consulting Firm
- Home Healthcare Organization
- Hospital, Multi-Hospital System, Integrated Delivery
- Financial, Legal, Investment Firm
- Long Term Care Facility
- Payor, Insurance Company, Managed Care
- Healthcare Vendor
- Other (please specify)

How did you hear about HIMSS?

- Promotional Marketing
- Website
- Conference
- Affiliated Chapter
- Microsoft Corporation
- Other
- Colleague

Payment

Annual dues in the amount of USD are enclosed. I understand that HIMSS may deposit the enclosed dues pending consideration of this application. In the event the application is not approved, HIMSS will promptly refund my remittance.

- Check enclosed
- American Express Discover MasterCard Visa

Card Number _____ Expiration Date _____

Name on Credit Card _____ Cardholder's Signature _____

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 7.88% of dues are not deductible as a business expense. Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by HIMSS Federal Tax ID No. 36-3906745.

** HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional emails to you. You will have the opportunity to opt out of the emails if you choose.