

Please complete the form below and mail or fax to:

HIMSS Asia Pacific, 3 Killiney Road, #04-09 Winsland House 1, Singapore 239519 | Phone: +65 6664 1100 | Fax: +65 6836 7728

Alternatively, please scan and email the completed form to: sishak@himss.org; jaw@himss.org

Corporate Information

Company			Date
Company Address			
City	State	Zip Code	Country
Phone		Fax	

Primary Contact

First Name	Middle Name	Last Name	
Title			
Mailing Address (if different from above)			
City	State	Zip Code	Country
Phone		Fax	

Secondary Contact

First Name	Middle Name	Last Name	
Title			
Mailing Address (if different from above)			
City	State	Zip Code	Country
Phone		Fax	

Professional Level (Please choose one that best describes your level of responsibility.)

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> CEO | <input type="checkbox"/> CFO | <input type="checkbox"/> Vice President | <input type="checkbox"/> Other Senior Manager |
| <input type="checkbox"/> COO | <input type="checkbox"/> CIO | <input type="checkbox"/> Senior Staff/Manager | <input type="checkbox"/> Department Director/Head |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other (please specify) _____ | | |

Membership Dues (in USD) Please check one HIMSS Asia Pacific Corporate Membership.

- | | | |
|--|--|---|
| <input type="checkbox"/> Gold Membership USD 8,400 | <input type="checkbox"/> Diamond Membership USD 12,600 | <input type="checkbox"/> Opal Membership USD 18,900 |
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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.

- WIRE TRANSFER
Please direct wire transfers to: JPMorgan Chase (SWIFT Code: CHASUS33) ABA Number: (021000021 WIRE) or (071000013 ACH) Account Number: 5300097217
- CHECK
Make check or money order payable to HIMSS.
- CREDIT CARD
 VISA MasterCard Discover American Express

Card no.	Expiration Date	Name on Credit Card
Cardholder's Signature		

Authorization

_____ (name of firm) has agreed to join HIMSS _____ Level Corporate Member for the 12 month period beginning _____ (month) _____ (year)

_____ (name of firm) understands that eligibility and access to member benefits begin upon receipt of full payment. If payment is not sent with application, we authorize HIMSS to invoice our firm. We agree to pay full membership dues within 30 days and understand that we will not be eligible for benefits until our full payment is received.

Authorized Signature	Date / /
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