



Non-Profit Partner Membership Group Application

Group purchases are for 5 new members from the same company.

Date ____/____/____

Non-Profit Information

Name of Affiliate Organization _____ Web Site _____

Primary Address _____

City _____ State _____ Zip _____ Country _____

Phone () _____ Fax () _____

Primary Contact Mr. Ms. Mrs. Dr.

First Name _____ Middle Initial _____ Last Name _____

Title _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____ Country _____

Phone () _____ E-mail Address _____

Participate In (Please check all.)

- mHIMSS (Become an Non-Profit Partner member of HIMSS global mobile initiative) Medical Banking Project interest
- Please check here, if you do not want your organization logo listed on the [mHIMSS website](#) on the Non-Profit Partners page.
- Communities of Profession: HIMSS Latino Nursing Informatics
- Physician (You must have MD or DO credentials to join.) Management Engineering/Process Improvement

Membership Dues *Please check one. (US dollars)*

Group Purchase (5) New National Memberships: \$640 (Please list individuals on the attached group form) (live in US or Canada)

Payment *Dues must accompany this application.*

Annual dues in the amount of \$_____ 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.

Total amount enclosed: \$_____ Check Enclosed Visa Mastercard American Express Discover

Card No _____ Expiration Date ____/____

Print Name on Credit Card _____ Cardholder's signature _____

Dues must accompany this application to activate benefits. Member benefits are made available only when payment is received in full. Make checks or money orders payable to HIMSS.

Mail to: HIMSS Membership • Lock Box 6901 • Dept 77-6901 • Chicago, IL 60678-6901
Fax to: 312-664-6143 - Application may be faxed when paying by credit card.

All memberships expire annually on June 30. Credit for unused months is applied to renewal the following year. Dues are non-refundable and non-transferable. Tax ID Number 36-3906745



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Please list the names and email addresses for each individual included in the group purchase.

1) First Name _____ MI _____ Last Name _____
 Title _____
 Phone _____ Email _____

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2) First Name _____ MI _____ Last Name _____
 Title _____
 Phone _____ Email _____

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3) First Name _____ MI _____ Last Name _____
 Title _____
 Phone _____ Email _____

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4) First Name _____ MI _____ Last Name _____
 Title _____
 Phone _____ Email _____

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5) First Name _____ MI _____ Last Name _____
 Title _____
 Phone _____ Email _____

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