



Name \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Position or Title \_\_\_\_\_  RN  MD  PhD  RPh  Other Credentials \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address  HOME  WORK \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone  HOME  WORK  CELL \_\_\_\_\_ Fax Number  HOME  WORK \_\_\_\_\_

E-mail Address\*\*  PERSONAL  WORK \_\_\_\_\_

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

Individual Member: \$140  Chapter Only Member \$30  Student Member: \$30 Evidence of full-time matriculation must be provided  Graduate  Undergraduate Dean's List \_\_\_\_\_

University \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

**Chapter Affiliation**  
Individual Membership includes one local affiliation. You will be assigned to the closest in-state chapter unless otherwise specified \_\_\_\_\_

**Communities of Profession** (As a member, you can participate in any community of your choice. Please check the box(es) below to register.)

Federal Health Sector  Management Engineering/Process Improvement  Nursing Informatics  Physician

**Users Group** (\$140 level only)  
As a member, you can participate in the Microsoft Health Users Group and Cisco's Community for Connected Health. Please check the box(es) below to register for each group.

Microsoft HUG  Cisco's Community for Connected Health (You are registering for a user group sponsored by Cisco Systems, Inc. and agreeing that Cisco may periodically send you information. All registration data will be shared by HIMSS with Cisco Systems, Inc. For more information on Cisco Systems privacy statement, visit <http://www.cisco.com/web/siteassets/legal/privacy.html>.)

**Your Professional Title** (Check one.)

<p>Information &amp; Management Systems</p> <p><input type="checkbox"/> CIO, CTP, VP of IT/IS/MIS/Network</p> <p><input type="checkbox"/> Director/Manager Data Processing/MIS</p> <p><input type="checkbox"/> CSO, Director/Manager Info Security/ Site Security</p> <p><input type="checkbox"/> Director of Management Engineering</p> <p><input type="checkbox"/> Manager of Management Engineering</p> <p><input type="checkbox"/> Dir/Mgr of other IT department</p> <p><input type="checkbox"/> Non-Management</p> <p><input type="checkbox"/> Systems Analyst</p> <p><input type="checkbox"/> Programmers/Developers</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>General &amp; Financial Management</p> <p><input type="checkbox"/> CEO, Chairman, Pres, Exec Dir, Adm, Group Practice Mgr</p> <p><input type="checkbox"/> COO, Exec VP, Sr VP, VP, Gen Mbr, Asst Administrator</p> <p><input type="checkbox"/> CFO, VP/Finance, Finance Director, Controller</p> <p><input type="checkbox"/> VP/Director/Manager of other Admin/ Financial Dept</p> <p><input type="checkbox"/> Non-Management</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Clinical Management</p> <p><input type="checkbox"/> CMO, CMIO, Medical Dir, Chief of Staff</p> <p><input type="checkbox"/> CNO, CNIO, VP/Director/Manager of Nursing</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Registered Pharmacist</p> <p><input type="checkbox"/> Chief/Dir/Mgr of other Clin Dept/ Lab Srv/Pharmacy</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Others Allied to the Field</p> <p><input type="checkbox"/> IT, Business Consultant</p> <p><input type="checkbox"/> Professor/Educator</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Programmers/Developers</p> <p><input type="checkbox"/> Marketing and Sales</p> <p><input type="checkbox"/> Government Employee/Public Servant</p> <p><input type="checkbox"/> Non-Management</p> <p><input type="checkbox"/> Other (please specify) _____</p>
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**Your Work Site** (Check one.)

<p><input type="checkbox"/> Academic Institution</p> <p><input type="checkbox"/> Ancillary Clinical Service Provider</p> <p><input type="checkbox"/> Ambulatory Care Facility</p>	<p><input type="checkbox"/> Federal, State or Local Government Office</p> <p><input type="checkbox"/> Healthcare Consulting Firm</p> <p><input type="checkbox"/> Home Healthcare Organization</p>	<p><input type="checkbox"/> Hospital, Multi-Hospital System, Integrated Delivery</p> <p><input type="checkbox"/> Financial, Legal, Investment Firm</p> <p><input type="checkbox"/> Long Term Care Facility</p>	<p><input type="checkbox"/> Payor, Insurance Company, Managed Care</p> <p><input type="checkbox"/> Healthcare Vendor</p> <p><input type="checkbox"/> Other (please specify) _____</p>
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**How did you hear about HIMSS?**

Promotional Marketing  Conference  Microsoft Corporation  Colleague \_\_\_\_\_

Web Site  Affiliated Chapter  Other \_\_\_\_\_

**Payment**

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.

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Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card (Please Print) \_\_\_\_\_

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**Mail or fax payment to:**  
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 Chicago, IL 60678-1690  
 Phone: 312.664.4467  
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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, 4.67% 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 Number 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 e-mails to you. You will have the opportunity to opt out of the e-mail list if you choose