



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  UNIVERSITY \_\_\_\_\_

**Membership Dues** (Please check one. Membership type and dues submitted must match country of residence including student membership types)

U.S. and CANADA RESIDENTS:  Individual Member: \$160  Chapter Only Member \$30

INTERNATIONAL RESIDENTS:  Africa \$100  Asia Pacific \$100  Europe €100  Latin America \$100  Middle East \$100

\*STUDENT MEMBER:  Africa \$30  Asia Pacific \$30  Europe €30  Latin America \$30  Middle East \$30  North America \$30

UNIVERSITY INFORMATION:  Graduate  Undergraduate University \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

*\*To qualify for student membership you must use an email address with a valid .edu domain or evidence of full-time matriculation must be provided if email address not available; submit with application.*

**Chapter Affiliation** (US and Canada residents only)

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

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

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| <p>Information &amp; Management Systems</p> <p><input type="checkbox"/> CIO, VP of IT/IS</p> <p><input type="checkbox"/> CMIO, CNIO, CCIO</p> <p><input type="checkbox"/> CTO</p> <p><input type="checkbox"/> CSO, VP, Dir/Mgr Info Security/Site Security</p> <p><input type="checkbox"/> Manager Info Security/Site Security</p> <p><input type="checkbox"/> VP, Dir, Network, Internet, Intranet, Telecom</p> <p><input type="checkbox"/> Mgr Network, Internet, Intranet, Telecom,</p> <p><input type="checkbox"/> VP, Director of other IT department</p> <p><input type="checkbox"/> Manager of other IT department</p> <p><input type="checkbox"/> VP, Dir. of Management Engineering / Process Improvement</p> <p><input type="checkbox"/> Non-Management</p> <p><input type="checkbox"/> Project Manager</p> <p><input type="checkbox"/> Programmers/Developers</p> <p><input type="checkbox"/> Senior Staff / Staff</p> <p><input type="checkbox"/> Systems Analyst</p> | <p>General &amp; Financial Management</p> <p><input type="checkbox"/> CEO, Chairman, Pres, Exec Dir</p> <p><input type="checkbox"/> COO, Exec VP, Sr VP, VP, Gen Mbr, Asst Admin</p> <p><input type="checkbox"/> CFO, VP/Finance, Finance Director, Controller</p> <p><input type="checkbox"/> VP/Director of Patient Accounting / Billing</p> <p><input type="checkbox"/> Director/Mgr/Supervisor of other Financial Dept.</p> <p><input type="checkbox"/> Compliance Officer, Compliance VP/Dir/Mgr</p> <p><input type="checkbox"/> Mgr/Supervisor of Patient Accounting / Billing</p> <p><input type="checkbox"/> Non-Mgmt of staff Patient Accting / Billing</p> <p><input type="checkbox"/> Healthcare Strategist</p> <p><input type="checkbox"/> Treasury Services/Cash Mgmt/Lock Box</p> <p><input type="checkbox"/> HSA Product Management</p> <p><input type="checkbox"/> Senior Staff / Staff</p> | <p>Clinical Management</p> <p><input type="checkbox"/> CMO, Medical Dir, Chief of Staff</p> <p><input type="checkbox"/> CNO, VP/Director of Nursing</p> <p><input type="checkbox"/> Chief/Director of other Clin Dept / Lab Srv / Pharmacy</p> <p><input type="checkbox"/> Manager of other Clin Dept / Lab Srv / Pharmacy</p> <p><input type="checkbox"/> Manager of Nursing</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Hospital Based Physician / Hospitalist</p> <p><input type="checkbox"/> Private Practice Physician</p> <p><input type="checkbox"/> Physicians Assistant</p> <p><input type="checkbox"/> Registered Pharmacist</p> <p><input type="checkbox"/> Senior Staff / Staff</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 Education Institution</p> <p><input type="checkbox"/> Academic Medical Center</p> <p><input type="checkbox"/> Ancillary Clinical Service Provider</p> <p><input type="checkbox"/> IDS/hospital-owned Amb Clinic</p> | <p><input type="checkbox"/> Bank / Financial Institution</p> <p><input type="checkbox"/> Critical Access Hospital</p> <p><input type="checkbox"/> Community Health Center Clinic</p> <p><input type="checkbox"/> Federal, State or Local Govt</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"/> Independent Ambulatory Clinic</p> | <p><input type="checkbox"/> Financial, Legal, Investment Firm</p> <p><input type="checkbox"/> Long Term Care Facility</p> <p><input type="checkbox"/> Payor, Ins Company, Mngd Care</p> <p><input type="checkbox"/> Professional Assn / Society</p> | <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Life Sciences</p> <p><input type="checkbox"/> Vendor</p> <p><input type="checkbox"/> Other (please specify) _____</p> |
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**How did you hear about HIMSS?**

|   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Affiliated Chapter | <input type="checkbox"/> Employer        | <input type="checkbox"/> Journal/Article  | <input type="checkbox"/> School/Advisor    | <input type="checkbox"/> Colleague _____ |
| <input type="checkbox"/> HIMSS Website      | <input type="checkbox"/> Former Member   | <input type="checkbox"/> mHIMSS           | <input type="checkbox"/> Social Networking | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Conference         | <input type="checkbox"/> HIMSS Analytics | <input type="checkbox"/> Ad/Mailing/Email | <input type="checkbox"/> HIMSS Staff       |  |

**Payment**

Annual dues in the amount of \$ \_\_\_\_\_ are enclosed.

Check Enclosed

American Express  Discover  MasterCard  Visa

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

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

Cardholder's Signature \_\_\_\_\_

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|---|---|
| <p><b>US Dollar payments to:</b><br/> HIMSS<br/> 6901 Eagle Way<br/> Chicago, IL 60678-1690<br/> Phone: 312.664.4467<br/> Fax: 312.915.9209</p> | <p><b>Submit Euro payments to:</b><br/> HIMSS EMEA Membership<br/> PO Box 6462<br/> c/o JPMorgan Chase Bank, NA<br/> Bournemouth<br/> BH1 9FH</p> |
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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, 3.62% 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 dues are non-refundable and non-transferrable.

\*\* 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 at your discretion.