



**AFFILIATE Membership**

**Group Purchase Application**

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affiliate 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 \_\_\_\_\_

**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



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

1) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

4) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

5) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_