

Affiliate Membership Application

Affiliate Membership is designed for non-profit associations and professional organizations that share HIMSS' objectives to transform healthcare through the effective and efficient implementation of information technology. Affiliate Membership is available to qualifying organizations at no cost. The contacts identified below will receive individual HIMSS member benefits for one year as described on the HIMSS web site at www.himss.org/ASP/individualhome.asp

Qualifying organizations must:

- be a not-for-profit.
- be a professional or trade society or have an interest or stake in healthcare IT related topics.
- have an organization mission similar to HIMSS.
- not be in the business of providing or selling healthcare related services.
- not be in the business of developing or selling healthcare information technology products.

Affiliate Information

Name of Affiliate Organization _____

Primary Contact
(will receive a one year complimentary HIMSS individual membership) _____

Mailing Address _____

City _____	State _____	Zip _____	Country _____
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Phone _____	Fax _____
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Organization Website _____

Organization Social Media _____

Email (Primary Contact) _____

Work Site (Please check one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Professional Assn / Society | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Federal, State or Local Govt | <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Financial, Legal, Investment Firm | <input type="checkbox"/> Life Sciences | |

How did you hear about HIMSS?

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

_____ (name of organization) meets and understands the criteria for joining HIMSS as an Affiliate Member and has agreed to join HIMSS as an Affiliate Member.

_____ (name of organization) understands that the individual indicated on this application will serve as representative of the organization and will receive a complimentary individual HIMSS membership. Eligibility to benefits will commence on criteria verification and is subject to annual review and renewal.

_____ (print name of person submitting application) understands the criteria for HIMSS Affiliate Membership and agrees to serve as the primary contact for the organization. As primary contact, you agree to act as the liaison between the Affiliate member and HIMSS staff for all membership processing.

_____ Primary Contact

_____ Today's date

Submit application or questions to:
 Stephanie Serra
 Senior Manager, Regional Affairs
 O: 312-915-9222

Regular Mail
 HIMSS
 Attn: Stephanie Serra
 230 E Ohio St
 Suite 500
 Chicago, IL 60611

Email:
serra@himss.org