



Non-Profit Partner Membership Application

Non-Profit Partner Membership is designed for non-profit associations and professional organizations that share mHIMSS and HIMSS' objectives to transform healthcare through the effective and efficient implementation of information technology. Non-Profit Partner Membership is available to qualifying organizations at no cost. The primary contact identified below will receive individual mHIMSS and HIMSS member benefits for one year as described on the web sites at www.mhimss.org and 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.

Non-Profit Partner Information

Name of Non-Profit Partner Organization: _____

Primary Contact: (will receive a one year complimentary mHIMSS and HIMSS individual membership)

Primary Contact Title: _____

Mailing Address _____

City	State	Zip	Country
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Phone	Fax
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Organization Website _____

Email (Primary Contact) _____

- Please check here, if you do not want your organization logo listed on the [mHIMSS website](http://www.mhimss.org) on the Non-Profit Partners page.

Participate In (Please check all.)

Communities of Profession: HIMSS Latino

Physician (You must have MD or DO credentials to join.)

Medical Banking Project interest

Nursing Informatics

Management Engineering/Process Improvement

_____ (name of organization) meets and understands the criteria for joining HIMSS as an Non-Profit Partner Member and has agreed to join HIMSS as an Non-Profit Partner 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 Non-Profit Partner Membership and agrees to serve as the primary contact for the organization. As primary contact, you agree to act as the liaison between the Non-Profit Partner member and HIMSS staff for all membership processing.

_____ Primary Contact Signature

_____ Today's date

Submit application or questions to:

Regional Affairs
O: 703-562-8819
F: 703-562-8801

Regular Mail
HIMSS

Attn: Jessica Martin
4300 Wilson Blvd.
Suite 250
Arlington, VA 22203

Email:
jmartin@himss.org