



INDIVIDUAL Membership Application

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: \$199 Chapter Only Member \$39 Online Only Member \$39 (no chapter)
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 _____ Number of credit hours enrolled _____ Expected Graduation Date _____
*To qualify for student membership you must be enrolled full-time and provide evidence of full-time matriculation. Visit: <http://www.himss.org/membership/student> for full details.

Chapter Affiliation (US and Canada residents only)

Individual Membership (\$199) and Student membership includes one complimentary chapter. You will not be assigned a chapter unless otherwise specified _____

Your Professional Title (Check one.)

- | | | | |
|---|--|--|---|
| Information & Management Systems
<input type="checkbox"/> CIO, VP of IT/IS
<input type="checkbox"/> CMIO, CNIO, CCIO
<input type="checkbox"/> CTO
<input type="checkbox"/> CSO, VP, Dir/Mgr Info Security/Site Security
<input type="checkbox"/> Manager Info Security/Site Security
<input type="checkbox"/> VP, Dir, Network, Internet, Intranet, Telecom
<input type="checkbox"/> Mgr Network, Internet, Intranet, Telecom,
<input type="checkbox"/> VP, Director of other IT department
<input type="checkbox"/> Manager of other IT department
<input type="checkbox"/> VP, Dir. of Management Engineering /
Process Improvement
<input type="checkbox"/> Non-Management
<input type="checkbox"/> Project Manager
<input type="checkbox"/> Programmers/Developers
<input type="checkbox"/> Senior Staff / Staff
<input type="checkbox"/> Systems Analyst | General & Financial Management
<input type="checkbox"/> CEO, Chairman, Pres, Exec Dir
<input type="checkbox"/> COO, Exec VP, Sr VP, VP, Gen Mbr, Asst Admin
<input type="checkbox"/> CFO, VP/Finance, Finance Director, Controller
<input type="checkbox"/> VP/Director of Patient Accounting / Billing
<input type="checkbox"/> Director/Mgr/Supervisor of other Financial Dept.
<input type="checkbox"/> Compliance Officer, Compliance VP/Dir/Mgr
<input type="checkbox"/> Mgr/Supervisor of Patient Accounting / Billing
<input type="checkbox"/> Non-Mgmt of staff Patient Accting / Billing
<input type="checkbox"/> Healthcare Strategist
<input type="checkbox"/> Treasury Services/Cash Mgmt/Lock Box
<input type="checkbox"/> HSA Product Management
<input type="checkbox"/> Senior Staff / Staff | Clinical Management
<input type="checkbox"/> CMO, Medical Dir, Chief of Staff
<input type="checkbox"/> CNO, VP/Director of Nursing
<input type="checkbox"/> Chief/Director of other Clin Dept /
Lab Srv / Pharmacy
<input type="checkbox"/> Manager of other Clin Dept /
Lab Srv / Pharmacy
<input type="checkbox"/> Manager of Nursing
<input type="checkbox"/> Nurse
<input type="checkbox"/> Hospital Based Physician / Hospitalist
<input type="checkbox"/> Private Practice Physician
<input type="checkbox"/> Physicians Assistant
<input type="checkbox"/> Registered Pharmacist
<input type="checkbox"/> Senior Staff / Staff | Others Allied to the Field
<input type="checkbox"/> IT, Business Consultant
<input type="checkbox"/> Professor/Educator
<input type="checkbox"/> Student
<input type="checkbox"/> Programmers/Developers
<input type="checkbox"/> Marketing and Sales
<input type="checkbox"/> Government Employee/Public Servant
<input type="checkbox"/> Non-Management
<input type="checkbox"/> Other (please specify) _____ |
|---|--|--|---|

Your Work Site (Check one.)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Academic Education Institution
<input type="checkbox"/> Academic Medical Center
<input type="checkbox"/> Ancillary Clinical Service Provider
<input type="checkbox"/> IDS/hospital-owned Amb Clinic | <input type="checkbox"/> Bank / Financial Institution
<input type="checkbox"/> Critical Access Hospital
<input type="checkbox"/> Community Health Center Clinic
<input type="checkbox"/> Federal, State or Local Govt | <input type="checkbox"/> Healthcare Consulting Firm
<input type="checkbox"/> Home Healthcare Organization
<input type="checkbox"/> Hospital, Multi-Hospital System,
Integrated Delivery
<input type="checkbox"/> Independent Ambulatory Clinic | <input type="checkbox"/> Financial, Legal, Investment Firm
<input type="checkbox"/> Long Term Care Facility
<input type="checkbox"/> Payor, Ins Company, Mngd Care
<input type="checkbox"/> Professional Assn / Society | <input type="checkbox"/> Public Health
<input type="checkbox"/> Life Sciences
<input type="checkbox"/> Vendor
<input type="checkbox"/> Other (please specify) _____ |
|---|--|--|--|--|

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

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 _____

By mail send payments to:
HIMSS
6901 Eagle Way
Chicago, IL 60678-1690
Phone: 312.664.4467
Fax: 312.915.9209

By wire:
JPMorgan Chase
10 S. Dearborn St
Chicago, IL 60603
Swift code: CHASUS33
ABA #: (021000021 WIRE) or
(07000013 ACH)
Account #: 5300097217

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, 1.73% 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.

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