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 includes one local affiliation. You will be assigned to the closest in-state chapter unless otherwise specified_____

Your Professional Title (Check one.)

Information & Management Systems
- □ CIO, VP of IT/IS
- □ CMIO, CNIO, CCIO
- □ CTO
- □ CSO, VP, Dir/Mgr Info Security/Site Security
- □ Manager Info Security/Site Security
- □ VP, Dir, Network, Internet, Intranet, Telecom
- □ Mgr Network, Internet, Intranet, Telecom,
- □ VP, Director of other IT department
- □ Manager of other IT department
- □ VP, Dir. of Management Engineering / Process Improvement
- □ Non-Management
- □ Project Manager
- □ Programmers/Developers
- □ Senior Staff / Staff
- □ Systems Analyst

General & Financial Management
- □ CEO, Chairman, Pres, Exec Dir
- □ COO, Exec VP, Sr VP, VP,Gen Mbr, Asst Admin
- □ CFO, VP/Finance, Finance Director, Controller
- □ VP/Director of Patient Accounting / Billing
- □ Director/Mgr/Supervisor of other Financial Dept.
- □ Compliance Officer, Compliance VP/Dir/Mgr
- □ Mgr/Supervisor of Patient Accounting / Billing
- □ Non-Mgmt of staff Patient Accting / Billing
- □ Healthcare Strategist
- □ Treasury Services/Cash Mgmt/Lock Box
- □ HSA Product Management
- □ Senior Staff / Staff

Clinical Management
- □ CMO, Medical Dir, Chief of Staff
- □ CNO, VP/Director of Nursing
- □ Chief/Director of other Clin Dept / Lab Srv / Pharmacy
- □ Manager of other Clin Dept / Lab Srv / Pharmacy
- □ Manager of Nursing
- □ Nurse
- □ Hospital Based Physician / Hospitalist
- □ Private Practice Physician
- □ Physicians Assistant
- □ Registered Pharmacist
- □ Senior Staff / Staff

Others Allied to the Field
- □ IT, Business Consultant
- □ Professor/Educator
- □ Student
- □ Programmers/Developers
- □ Marketing and Sales
- □ Government Employee/Public Servant
- □ Non-Management
- □ Other (please specify) _____

Your Work Site (Check one.)

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

How did you hear about HIMSS?

- □ Affiliated Chapter
- □ CISCO
- □ Conference
- □ Employer
- □ Former Member
- □ HIMSS Analytics
- □ Journal/Article
- □ Microsoft
- □ Ad/Mailing/Email
- □ School/Advisor
- □ Social Networking
- □ HIMSS Staff
- □ HIMSS Website
- □ Colleague_____
- □ 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_____

US Dollar payments to:
HIMSS
6901 Eagle Way
Chicago, IL 60678-1690
Phone: 312.664.4467
Fax: 312.915.9209

Submit Euro payments to:
HIMSS Membership
PO Box 6462
c/o JPMorgan Chase Bank, NA
Bournemouth
BH1 9FH
B-1040 Brussels, Belgium

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, 2.87% 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.