

Individual Membership Benefits*



	INDIVIDUAL	MEMBERSHIP
HIMSS Middle East Individual Membership Benefits	Individual USD100	Student USD30** <i>(Includes full benefits at a discounted student rate)</i>
Communities and Networking		
Participate in committees, task forces and work groups	✓	✓
Education		
Discounts on all HIMSS Conferences and Events (Includes HIMSS Annual Middle East, Asia Pac, WHIT, Virtual Conference, Webinars, elearning and more)	✓	✓
Registration to HIMSS Middle East Conference and Exhibition at member rates	✓	✓
Access to HIMSS Learning Center (Learning Management System)	✓	✓
Customized Education and Special Opportunities	✓	✓
Professional Development		
Receive member rate when you obtain your professional certification Certified Professional in Healthcare Information and Management Systems (CPHIMS).	✓	✓
Publications and Industry News		
HIMSS Weekly Insider	✓	✓
Online publications	✓	✓
Special Member Pricing for all books, cd's and other publications	✓	✓
Tools and Resources		
Access to HIMSS Member Center (Includes member directory, white papers, conference proceedings, and more)	✓	✓
Access to over 200 implementation guides, toolkits, checklist, white papers and presentations	✓	✓
HIMSS Value Suite case studies (Global)	✓	✓

Revised prices effective from from 1 January 2016. No refund will be given for payment received before 1 January 2016.

* Benefits listed are subject to change.

**Dependent on approval and verification of Association Affiliation (1 person per association allowed).

Individual Membership Application



Please complete the form below and mail or fax to: **HIMSS Middle East**, Phone: +65 6664 1100 | Fax: +65 6836 7728 | Email: ahow@himss.org

Name _____ Date of Birth / / _____

Position or Title _____ RN MD PhD RPh Other

Credentials _____

Organization _____

Office Address _____

City _____ State _____ Zip Code _____ Country _____

Phone () _____ Fax () _____

Email Address* _____

Home Street Address _____ Same as work

City _____ State _____ Zip Code _____ Country _____

Preferred Mailing Address (your work address will be listed in the online directory) _____ Home Office

Membership Dues (in USD) Please check one

- Individual Membership USD100 Chapter Only Member USD20 Student Member USD30. Evidence of full-time matriculation must be provided
 Graduate Undergraduate Dean's List

University _____ Expected Graduation Date _____

Chapter Affiliation

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

Your Professional Title

Please check one

Information & Management Systems

- CIO, CTP, VP of IT/IS/MIS/Network
- Director/Manager Data Processing/MIS
- CSO, Director/Manager Info Security/Site Security
- Director of Management Engineering
- Manager of Management Engineering
- Dir/Mgr of other IT Department
- Non-management
- Systems Analyst
- Programmers/Developers
- Other (please specify)

General & Financial Management

- CEO, Chairman, President, Exec Director, Adm, Group Practice Manager
- COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator
- CFO, VP/Finance, Finance Director, Controller
- VP/Director/Manager of other Admin Financial Dept
- Non-management
- Other (please specify)

Clinical Management

- CMO, CMIO, Medical Director, Chief of Staff
- CNO, CNIO, VP/Director/Manager of Nursing
- Physician
- Nurse
- Registered Pharmacist
- Chief/Dir/Mgr of other Clinical Department/Lab Srv/Pharmacy
- Other (please specify)

Others Allied to the Field

- IT, Business Consultant
- Professor/Educator
- Student
- Programmers/Developers
- Marketing & Sales
- Government Employee/Public Servant
- Non-management
- Other (please specify)

Your Work Site

- Academic Institution
- Ancillary Clinical Service Provider
- Ambulatory Care Facility
- Federal, State or Local Government Office
- Healthcare Consulting Firm
- Home Healthcare Organization
- Hospital, Multi-hospital System, Integrated Delivery
- Financial, Legal, Investment Firm
- Long Term Care Facility
- Payor, Insurance Company, Managed Care
- Healthcare Vendor
- Other (please specify)

How did you hear about HIMSS?

- Promotional Marketing
- Conference
- Microsoft Corporation
- Affiliated Chapter
- Colleague
- Website
- Other (please specify)

Payment

Annual dues in the amount of USD 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. Check Enclosed Visa MasterCard Discover American Express

Card no. _____ Expiration Date / / _____ Name on Credit Card (please print) _____

Cardholder's Signature _____

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, 7.88% 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 No. 36-3906745.

* HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional emails to you. You will have the opportunity to opt out of the emails if you choose.