



Corporate Membership Application

Date ____/____/____

Corporate Information

Company _____ Company Website _____

Company Address _____

Province _____ Country _____

Phone () _____ Fax () _____

Primary Contact Mr. Ms. Mrs. Dr.

First Name _____ Middle Initial _____ Last Name _____

Title _____

Mailing Address *(if different than above)* _____

Province _____ Country _____

Phone () _____ E-mail Address _____

Professional Level *Please choose one that best describes your level of responsibility.*

- CEO COO CFO CIO Vice President Senior Staff /Manager Other Senior Manager
- Department Director/Head Marketing Other _____

Membership Levels and Dues

HIMSS Asia Pacific Corporate Membership

- Gold (\$5,000) Diamond (\$10,000)

Payment

Annual dues in the amount of \$_____ 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.

Wire Transfer

Please direct wire transfers for AsiaPac to: JPMorgan Chase Bank, N.A., Singapore (SWIFT Code: CHASSGSG)
Favoring Healthcare Information & Management Systems Society - Account # 0172943794

Credit Card

- Visa Mastercard American Express Discover

Card No _____ Expiration Date ____/____

Name on Credit Card (please print) _____

Cardholder's signature _____

Check Enclosed

Make check or money order payable to HIMSS.

Mail to: HIMSS, Finance Department • 230 E. Ohio St., Suite 500 • Chicago, IL 60611-3269 • USA

Or fax to: +1 312.915.9209

Application may be faxed when paying by credit card. Tax ID#: 36-3906745

Authorization *Please complete, then print and fax this form to: +1 312.915.9209*

_____ (name of firm) has agreed to join HIMSS as a _____ Level Corporate Member for the 12 month period beginning _____ (month), _____ (year).

_____ (name of firm) understands that eligibility and access to member benefits begin upon receipt of full payment. If payment is not sent with application, we authorize HIMSS to invoice our firm. We agree to pay full membership dues within 30 days and understand that we will not be eligible for benefits until our full payment is received.

Authorized Signature _____ Date ____/____/____