



IFHIMA
International Federation of
Health Information Management Associations

IFHIMA Membership Application

Membership Type

Associate/Individual: \$35
Corporate: \$550
National: see fee schedule

National Membership Fee Schedule

1-50 Members: \$50
51-100: \$100
101-150 Members: \$125
151-250 Members: \$150
251-500 Members: \$325
501-1000 Members: \$450
1001-2500 Members: \$700
2501-10,000 Members: \$1,250
10,001-25,000 Members: \$2,000
>25,000 Members: \$7,000

of Members (for National Membership Only)

Name of Member/Contact Person

Title	First	Last	Suffix
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Business/Hospital Name

Address

Street Address

Address Line 2

City	State / Province / Region
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Postal Code	Country
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Region

Americas

Europe and North Asia

Eastern Mediterranean

Africa

Southeast Asia

Western Pacific

Have you previously been a member of IFHRO/IFHIMA?

Yes

No

Email Address**Phone Number****Facsimile**

Payment Information

Please mark the appropriate boxes and complete the requested information. All payments should be made in USD.

Total Amount to be Paid/Charged (in USD\$):

Bank Name: JPMorgan Chase Bank, N. A.

SWIFT CODE: CHASUS33

ROUTING: 0210-00021

ACCOUNT: 17964792

A check or bank draft in USD\$ is enclosed for the total amount shown above, made payable to "The International Federation of Health Information Management Associations"

Visa

Mastercard

American Express

Card Number

Expiration

Security Code

Signature

Date

Please return this page application form, remittance, and membership documentation to:

IFHIMA
ATTENTION: AHIMA ACCOUNTING DEPARTMENT
233 N MICHIGAN AVENUE 21ST FLOOR
CHICAGO IL 60601
UNITED STATES OF AMERICA
IFHIMA@AHIMA.ORG

For more general information about joining IFHIMA visit our web site at www.ifhima.org

For IFHIMA Office Use Only

Date remittance received

Cheque/Bank Draft No.

IFHIMA Receipt No.

Credit Card Authorization

Credit Card Authorization