



# Membership Application

## PERSONAL INFORMATION

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Corporate Parent (if any) \_\_\_\_\_

Actual Employer\* \_\_\_\_\_  
\*if different from the organization listed above

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Corporate Web Address \_\_\_\_\_

## PROFESSIONAL ROLE

My role at the organization listed above is (select one):

The CIO or highest-ranking IS/IT executive (this includes corporate CIOs, regional CIOs or facility-level CIOs)

**Please complete sections A, D, and E of this application form.**

The highest ranking medical or nursing informatics executive (CMIO or CNIO)

**Please complete sections A, B, D, and E of this application form.**

A corporate IT/IS executive who is not a CIO but who reports to the CIO

**Please complete sections A, C, D, and E of this application form.**

## Section A: DEMOGRAPHICS

### PERSONAL DEMOGRAPHICS

	Yes	No	<b>To whom do you report?</b>
Do you actively participate on organizational strategic planning activities?			CEO
Do you chair the organization's IT Steering Committee?			CFO
			CMO
			COO
			Corporate CIO
			Other (please specify): _____
<b>You have direct responsibility for:</b>			<b>Number of Years in current position:</b> _____
Information Systems			<b>Total years in IT:</b> _____
Medical Records			<b>Total years in healthcare IT:</b> _____
Management Engineering			
Telecommunications			
Nursing Informatics			
Medical Informatics			
Other (please specify): _____			

### ORGANIZATIONAL DEMOGRAPHICS

#### Business Line:

<b>Primary</b> <small>(check only one)</small>	<b>Secondary</b> <small>(check all that apply)</small>	
		Ambulatory Facility/Clinic
		Behavioral Health Care
		Group Practice/Clinic
		Health Insurer/Insurance Organization
		Home Health Care
		Hospice
		Hospital/Acute
		Integrated Delivery System/Network
		Laboratory
		Managed Care
		MSO
		Nursing Home
		Specialty Hospital
		Other (please specify): _____

#### Type of Organization (check only one):

**Not-For-Profit** (Non-Government)

Church-operated

Community Hospital

Corporation

Other (please specify): \_\_\_\_\_

**For-Profit** (Investor-Owned)

Individual

Partnership

Corporation

**Government** (Federal)

Military

VA

Public Health Service

**Government** (Non-Federal)

State

County

City

City-county

Hospital District or Authority

#### Teaching Status (check only one):

**Non-Teaching**

**Teaching**

University

Non-University

#### Staffed Inpatient Beds:

1 – 99

100 – 249

250 – 399

400 – 1,000

1,001 or more

N/A

#### Lives Covered (if applicable):

1 – 50,000

50,001 – 150,000

150,001 – 300,000

300,001 – 500,000

500,001 or more

N/A

**Number of Employees Supported by IT\*:** \_\_\_\_\_

\*Include all FTEs in your organization, including direct and indirect customers.

**Number of Primary IT Staff in FTEs:** \_\_\_\_\_

#### Organization Structure (check only one):

Individual facility/entity

System/Network as a whole

## Section B: CMIOs AND CNIOs

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What is the name of your organization's CIO? \_\_\_\_\_

Is the CIO at your organization a CHIME member? Yes No

Your CHIME member CIO must provide a letter of recommendation in support of your application for CHIME membership in order for you to be considered for membership. **Please attach the letter to this application form.**

The recommendation from your CHIME member CIO must attest to the fact that the applicant is the organization's highest-ranking informatics officer and explain what the applicant may contribute to CHIME by becoming a member. The letter must be signed by the CHIME member CIO and be on the organization's letterhead or sent directly via email.

## Section C: NON-CIO CORPORATE SENIOR IT EXECUTIVES

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High-ranking corporate IT executives who report into a CHIME member CIO may also be considered for membership. In order to be considered, applicants must complete the **Corporate Senior IT Executives Criteria form** in addition to this application form.

## Section D: REQUIRED DOCUMENTS

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All applicants are required to submit the following documents\*:

1. An organizational chart of your IT (or informatics) department that shows who reports into you
2. An organizational chart that shows your position and to whom you report
3. A current job description

\*If you are applying as a CMIO, CNIO, or Corporate Senior IT Executive, additional documentation is required. Please see Sections B and C for the appropriate additional documentation.

**Please attach these documents to this application form. Your application will not be processed without these documents.**

## Section E: MEMBERSHIP DUES

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### Full Membership - Domestic (applicants from the US, Canada, Mexico)

\$490 – Joint CHIME-HIMSS membership\*

\$350 – CHIME-only membership

### Full Membership - International

\$540 – Joint CHIME-HIMSS membership\*

\$400 – CHIME-only membership

### Online-Only Membership†

\$290 – Joint CHIME-HIMSS membership\*

\$150 – CHIME-only membership

†Online-only membership is available exclusively for CIOs at organizations outside the United States, and for CIOs at small and rural organizations (fewer than 125 beds or less than \$75 million in annual revenue). Online-only members are not eligible to attend in-person CHIME educational programs or conferences.

**If you are choosing the Online-Only Membership, please select one of the following that qualifies you for this level of membership:**

My organization is located outside of the United States

My organization has less than 125 beds (Please list actual number of beds: \_\_\_\_\_)

My organization has less than \$75 million in annual revenue (Please list actual annual revenue? \_\_\_\_\_)

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### Method of Payment:

Check enclosed

Check will be sent under separate cover

Credit card:

American Express    Mastercard    Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize my credit card to be charged for the membership fees selected:

Signature: \_\_\_\_\_

CHIME membership is on an approval basis. All applications are sent to the CHIME Membership Committee for review and approval. Applications will not be processed until all documentation is received. Credit card payments are not processed until your application has been approved. If you include a check and your application is not approved, the money will be refunded to you.

\*CHIME applicants have the option to select the joint HIMSS option when they join. If you select the joint CHIME-HIMSS membership option, dues are \$490 for domestic members, \$540 for international members, and \$290 for online-only members (\$140 of the amount covers your HIMSS dues). HIMSS will be notified of this action and will activate your HIMSS membership upon notification. If you have already paid your HIMSS membership dues this year and select the joint membership option, HIMSS will contact you to arrange for a refund. Once you select the joint membership option, all future invoices for both memberships will be sent by CHIME (as long as you are eligible for CHIME membership), unless you notify CHIME otherwise.