

Application for New Membership/Renewal of Membership in the NLHIMA

First Name:	
Last Name:	
Home Address:	
Home City:	
Home Postal Code:	
Home Phone:	
Email:	
Work Site:	
Work Address:	
City of Work:	
Work Postal Code:	
Work Phone:	
Work Fax:	
Position:	
Optional – Qualification: (CHIM, noncertified HIMP)	
May we contact you to serve on a committee at some future date?	YES NO
May we give your e-mail address to the rest of the membership for members to contact each other?	YES NO
Application For:	Active Membership - \$30 Associate Membership - \$25 (late fee for application submitted after June 30) - \$10 Paid by Member: <input type="checkbox"/> Paid by Employer: <input type="checkbox"/>
Member of CHIMA	YES NO

Return this application with cheque payable to NEWFOUNDLAND AND LABRADOR HEALTH
INFORMATION MANAGEMENT ASSOCIATION for the applicable amount
(\$30 or \$25) (+ \$10 if submitted after June 30) to:

c/o Kelly Appleby
Burin Peninsula Health Care Center
Box 340
Burin, NL A0E 1E0
Fax: 709-891-1337