



Ontario Health Information
Management Association
4243c Dundas Street W., Suite 500
Etobicoke, ON
M8X 1Y3

2011/2012 MEMBERSHIP REGISTRATION FORM

Membership is from October 1, 2011 to September 30, 2012

Name: _____ Home Phone(____) _____

Mailing Address:

Street: _____ Apt: _____ P.O. Box _____

City/Town: _____ Postal Code: _____

Employment/School: _____ Work Phone: (____) _____ Ext: _____

Title: _____

Please print clearly.

Primary Email address: _____ (preferred)

Local Health Integration Network (LHIN) Region _____

MEMBERSHIP DUES (Please check membership status and enclose the appropriate fee)

Active \$75.00 Associate \$50.00 Retired \$50.00 Student \$20.00

On occasion we are asked to share names and contact information of our members for education or job opportunities specifically for Health Information Management (HIM) Professionals. Please indicate below whether you wish to have your name included on this list.

Yes, please include my name

No, do not include my name on this list