



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

**O.H.I.M.A.  
2009/2010 MEMBERSHIP REGISTRATION FORM**  
Membership is from October 1, 2009 to September 30, 2010

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employment/School: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please print clearly:** In an effort to better serve our members, OHIMA will be moving to electronic mailing of information. Please include the email address you wish OHIMA to use to communicate/contact you.

New Member \_\_\_\_\_ Membership Renewal \_\_\_\_\_

LHIN Region \_\_\_\_\_  
(Local Health Integration Network that your place of employment is located in)

If you are a new member, how did you hear about us?: \_\_\_\_\_

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

**Please Note** A receipt will be sent with your member only password information for the website

Active \$75.00     Inactive \$50.00     Associate \$75.00     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