

# ORGANISATIONAL MEMBERSHIP NOMINEE FORM

Health Information Management Association of Australia Limited



**PLEASE EMAIL FORM TO:** [membership@hima.org.au](mailto:membership@hima.org.au)

<b>SURNAME:</b>				
<b>FIRST NAME</b>	MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MS <input type="checkbox"/>	MISS <input type="checkbox"/>
	please cross one box			
<b>DATE OF BIRTH</b>	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>	
	please cross one box			

**EMAIL** List at least one email address below. Your primary email will be used for eAlerts etc

<b>PRIMARY EMAIL</b>	
<b>SECONDARY EMAIL</b>	

**PHONE** Please list at least one phone number

<b>WORK PHONE</b>	
<b>MOBILE</b>	

**ADDRESS**

<b>NO &amp; STREET</b>			
<b>SUBURB</b>		<b>STATE</b>	
<b>POSTCODE</b>		<b>COUNTRY</b>	

# MEMBERSHIP CATEGORY

Please cross the category of membership you are applying for.

<input type="checkbox"/>	<b>FULL MEMBER</b> Individuals who are graduates of HIMAA-accredited HIM university programs <b>Please attach a photocopy of your HIM degree</b>
<input type="checkbox"/>	<b>NEW GRADUATE</b> Individuals who have graduated from a HIMAA-accredited HIM university course, or a HIMAA Approved Program (HAP) within the past 12 months <b>Please attach a photocopy of your HIM degree or HAP qualification</b>
<input type="checkbox"/>	<b>SENIOR ASSOCIATE</b> Individuals who are graduates of a HIMAA Approved Program OR have a minimum of five years senior-level experience within the health information industry <b>Please attach evidence of qualification OR a Resume AND either a Position description OR letter of support provided by a direct manager.</b>
<input type="checkbox"/>	<b>ASSOCIATE</b> Individuals involved or interested in the Health Information profession

## AGREEMENT

I understand that by joining HIMAA I agree to be bound by the Principles of Professional Practice and Constitution of the Health Information Management Association of Australia Limited.

Signed: \_\_\_\_\_

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