

## Application for Free Student Membership

*Thank you for your interest in our Northern California HIMSS Free Student Membership!  
Below you will find the guidelines for the free membership.  
Please email [norcal.membership@himsschapter.org](mailto:norcal.membership@himsschapter.org) with any questions.*

The Student Membership category of the HIMSS individual program is designed for those individuals officially enrolled in an accredited educational site as a full-time student seeking to become active in the fields of healthcare information and management systems.

For purpose of the HIMSS Student Membership category, an education site is defined as a four-year or two-year university or college, technical career college, or online institution. An individual must be enrolled as follows:

- > Certificate program: minimum of 12 non-credit hours
- > Associate or Undergraduate: minimum of 12 credit hours
- > Graduate: minimum of 9 credit hours

### Accepted Documentation of Student Enrollment:

- > Copy of the applicant's current schedule
- > Copy of University transcript (unofficial is acceptable)
- > Other enrollment documentation from the institution on University letterhead signed by department chair or other school official

### Additional Requirements

We would like to encourage participation and involvement to all of our members. In addition to providing proof of student eligibility we are asking our new student members applying for free membership to choose one of the following to qualify for the free chapter only 1 year membership:

- > Volunteer for 1 Northern California Chapter event in the next 12 months
- > Join a Northern California Chapter committee
- > Prepare a short presentation for the Board

### Instructions:

- 1) Complete application on next page
- 2) Save As a new file or print and scan completed application and documentation of student enrollment and email to [norcal.membership@himsschapter.org](mailto:norcal.membership@himsschapter.org).



Date

## Application for Free Student Membership

Please complete the following to allow us to determine your eligibility for Student Membership with HIMSS.

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Email Address \_\_\_\_\_ Phone Number

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name

Job Category

Years in Field  Work Site

Country

Name of Educational Site:

Program Type:

Program Major:

Program Hours Enrolled:

Current Enrollment Start Date

Current Enrollment End Date

Expected Award/Graduation Date:

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Please choose one way to participate in the next 12 months.

- Volunteer for 1 Northern California Chapter event in the next 12 months
- Join a Northern California Chapter committee
- Prepare a short presentation for the Board

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*By checking this box, I confirm that the information provided is truthful and accurate and understand that it may be subject to review.*