

Microsoft®  
**Health Users Group CORPORATE SUPPORTER APPLICATION**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Corporate Information**

Company \_\_\_\_\_ Company Website \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Primary Contact**       Mr.    Ms.    Mrs.    Dr.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address *(if different than above)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Professional Level** *Please choose one that best describes your level of responsibility.*

- CEO    COO    CFO    CIO    Vice President    Senior Staff/Manager    Other Senior Manager  
 Department Director/Head    Marketing    Other \_\_\_\_\_

**Microsoft Health Users Group Corporate Membership Levels and Dues**

**Microsoft HUG Corporate Supporters (members)**

- Revenues under \$10,000,000 Fee: \$1500  
 Revenues over \$10,000,000 Fee: \$2500

**Microsoft HUG Corporate Supporters (non-members)**

- Revenues under \$10,000,000 Fee: \$2000 (includes 2 Microsoft HUG/HIMSS memberships)  
 Revenues over \$10,000,000 Fee: \$3000 (includes 2 Microsoft HUG/HIMSS memberships)

**Payment**

Annual dues in the amount of \$\_\_\_\_\_ are enclosed. I understand that HIMSS may deposit the enclosed dues pending consideration of this application. In the event the application is not approved, HIMSS will promptly refund my remittance.

**Total amount enclosed:** \$\_\_\_\_\_

- Check Enclosed    Visa    Mastercard    American Express    Discover

Card No \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's signature \_\_\_\_\_

Name on Credit Card (please print) \_\_\_\_\_

Make checks or money orders payable to HIMSS.

Mail or fax to: HIMSS Membership • 6901 Eagle Way • Chicago, IL 60678-1690 • fax: 312-915-9209

**Application may be faxed when paying by credit card.** Tax ID#: 36-3906745

**Authorization** *Please complete, then print and fax this form to: 312-915-9209.*

\_\_\_\_\_ (name of firm) has agreed to join Microsoft HUG Corporate Supporter for the 12 month period beginning \_\_\_\_\_(month), \_\_\_\_\_(year).

\_\_\_\_\_ (name of firm) understands that eligibility and access to member benefits begin upon receipt of full payment. If payment is not sent with application, we authorize HIMSS to invoice our firm. We agree to pay full membership dues within 30 days and understand that we will not be eligible for benefits until our full payment is received.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_