



**SASKATCHEWAN HEALTH INFORMATION
MANAGEMENT ASSOCIATION**
Box 25031, River Heights Post Office, Saskatoon, SK S7K 8B7

2011-12 MEMBERSHIP REGISTRATION FORM

(Membership is from July 1, 2011 to June 30, 2012)

Name: _____ Home Phone: _____

Home Address: _____ City: _____ Postal Code: _____

Employing Facility: _____

Job Title: _____

Regional Health Authority: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

(Please provide the email address that you would like us to contact you at as this is our preferred method of communication)

Membership: please check Renewing _____ or New _____

The membership fees are: please check

Membership definitions can be found in the SHIMA Bylaws (article 4), found on website (www.shima.ca)

_____ Active - \$45.00

_____ Student – No Fee

_____ Associate - \$35.00

_____ Honorary – No Fee

_____ Inactive - \$25.00

DUE DATE: June 30, 2011

Please mail form & payment to: Chalsey Klassen P.O. Box 1963 La Ronge, SK S0J 1L0

Please make cheque or money order payable to:

Saskatchewan Health Information Management Association. No post dated cheques please.

Would you be interested in serving on the SHIMA Executive and/or any committees or task forces? Yes _____ No _____ Please state any preferences: _____

If there was one initiative that you would like to see SHIMA take over the next year, what would it be? _____

Thank you,
The SHIMA Executive