

# HRABC

Health Record Association of British Columbia

Tel 1-800-573-4555 Website [www.hrabc.net](http://www.hrabc.net)

## Return Address

Shirley Sirkia  
Nanaimo Regional General Hospital  
c/o Clinical Information/Health Records Dept  
1200 Dufferin Crescent  
Nanaimo, BC V9S 2B7

## Destination Address

## Membership Application-Renewal Form

Member No.

Referred by HRABC Member:

New Member  (Please provide a copy of graduation diploma, transcript or CHIM certificate)

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Previous Year ( )	Personal and Employment Information	Update for current year, if applicable
	Name	
	Home Address	
	Home City	
	Home Prov/Postal Code	
	Home Telephone	( ) -
	Home Email	
	Employer/Region	
	Employer Worksite	
	Department	
	Position	
	Employer's Address	
	Employer's City	
	Empl Prov/Postal Code	
	Business Telephone	( ) -
	Business Email	
	Employer Country	

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(Please check all appropriate boxes)

### Employment Status

### Fee Schedule

### Interested in a HRABC Position?

### CHIMA Member

- Full-Time   
Part-Time   
Casual   
Temporary   
Unemployed   
Self-Employed   
Retired   
Student

- Active (A) \$70.00   
Affiliate (F) \$40.00   
Corporate (C) \$175.00   
Honourary (H) \$0.00   
Inactive (I) \$40.00

- Executive   
Committee   
Projects

- Yes   
No

I wish to resign from HRABC effective  dd/mm/yy

Reason for resigning: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Note: Please make Cheque or Money Order payable to HRABC. Forward form and payment to the return address by December 31st, 2009.

For your convenience a return envelope is included. (Please do not staple cheque to this form)

Questions? Contact Bindy Bains at: (250) 565-2205 or Email: [bindy.bains@northernhealth.ca](mailto:bindy.bains@northernhealth.ca)

**SEE BACK** ↘

**Education in Health Information Management (Check all the apply)**

HIM Diploma - 1 Year  2 Year  HIM Diploma Student   
HIM Degree - Bachelor  Masters  PhD

**Non-HIM Diploma/Degree ( eg. Bachelor )**

**Name of Program or Area of Study (eg. Nursing)**

\_\_\_\_\_  
\_\_\_\_\_

**Current Work Designation**

HRA/HRP  HRT  Student  Other  Please specify: .....

**Forecasted Retirement**

0-5 years 6-10 years 11-15 years >16 years Unknown **Already Retired**

**Would you prefer future Membership Renewal forms be mailed to your work or home?**

**Work / Home**

**Would you prefer other HRABC correspondence be e-mailed to your work or home ?**

**Work / Home**

**GENERAL INFORMATION**

- Active ( A )** Graduates from programs recognized by the Canadian Health Information Management Association (CHIMA) actively working in the field of Health Information with full-time, part-time, casual or relief status, or on approved leave of absence.
- Affiliate ( F )** Anyone (excluding a person who qualifies for Active membership) who is interested in the objectives of the HRABC and is engaged in the Health Information or allied field, or is a student enrolled in a program recognized by the CHIMA.
- Corporate ( C )** Representatives of corporations who establish to the satisfaction of the Executive Committee that the objectives of the corporation match the objectives of the HRABC and that the corporate applicant is engaged in an allied field.
- Honourary ( H )** Persons who have rendered exceptional services to the HRABC and who have been approved for Honourary membership by the Executive Committee.
- Inactive ( I )** Graduates from programs recognized by the Canadian Health Information Management Association (CHIMA) not actively working in the field of Health Information in BC.

**Membership Fees**

First time applicants who wish to make application to become members of the HRABC from January to March will pay 100% of the annual fees. Those who make application from April to August will pay 50% of the annual fees. Those who make application from September to December will pay 0% of the current year, 100% for the next year's dues.