

Health Record Association of British Columbia

Your Leaders in Health Information Management

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

Referred by HRABC Member: _____

Return Address:

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

2012 MEMBERSHIP APPLICATION-RENEWAL FORM

Name: _____ Home Phone: _____

Address: _____

City/Province: _____ Postal Code: _____

Employer/School: _____ Business Phone: _____

Department: _____ Health Authority/Region: _____

Position: _____

Please check your preferred email address that you would like us to use for communication.

Home Email Address: _____ preferred

Work Email Address: _____ preferred

Fee Schedule

Active \$80.00
Affiliate \$40.00
Student \$40.00
Retired \$40.00
Honourary \$0.00

Interested in a HRABC Position?

Executive
Committee

Note: Please make Cheque or Money Order payable to HRABC. Forward form and payment to the return address above by **December 31st, 2011**. (Please do not staple cheque to this form.)

Signature: _____ Date: _____

Membership Fees:

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

Returning HRABC members wishing to renew their memberships are required to pay the full membership fee amount. In the event of Non-Sufficient Funds/Returned cheque, members will be responsible to pay the NSF bank fee.