

# PROFESSIONAL MEMBERSHIPS GROUP OF **SCHA**

**Please mark the PMG you wish to join:**

- SC Chapter of American Society of Healthcare Risk Management (SCASHRM+AHQ) \$80
- SC Healthcare Human Resources Association (SCHHRA) \$80
- SC Organization of Nurse Leaders (SCONL) \$85
- SC Society for Hospital Fund Development (SCSHFD) \$80
- SC Society of Hospital Engineers (SCSHE) \$80
  
- SC Society of Healthcare Supply Chain (SCSHSC) \$80
  
- Student Membership\* \$40.00 per student, per PMG

\* Must be full time student at an academic institution, enrolled full-time, must submit copy of transcript to Kim Wooten, must pay upfront and is subject to approval by PMG Board. Student membership can be revoked at anytime. Note: Employees working full-time & attending school part-time are not eligible for student membership, but are eligible for regular membership.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Options

**Please check one form of payment.**

**CREDIT CARD**

Please charge my:  Visa  MasterCard  American Express  
 Card no. \_\_\_\_\_  
 Security code \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_  
 Billing address and zip code of card \_\_\_\_\_  
 \_\_\_\_\_

**CHECK**

Enclosed is a check in the amount of \$\_\_\_\_\_. All checks should be made payable to SCHA, and returned with this form to:

South Carolina Hospital Association  
 Attn: Accounts Payable  
 2000 Center Point Road, Suite 2375  
 Columbia, SC 29210