

# MEMBERSHIP APPLICATION

**Type of Membership Level Requested:**

- Organizational   
  Corporate   
  Affiliate/Look-Alike   
  Associate   
  Individual

## Applicant Information

<b>APPLICANT'S NAME:</b>	<b>TITLE (FOR ORGANIZATIONAL, CORPORATE, AFFILIATE, OR ASSOCIATE LEVEL):</b>
<b>NAME OF ORGANIZATION (FOR ORGANIZATIONAL, CORPORATE, AFFILIATE, OR ASSOCIATE LEVEL):</b>	<b>EMAIL:</b>
<b>MAILING ADDRESS:</b>	<b>TELEPHONE:</b>
<b>CITY:</b> <b>STATE:</b> <b>ZIP:</b>	<b>FAX:</b>

**NOTE:** Membership applications are presented to the Board of Directors on the 3<sup>rd</sup> Wednesday of the following month the application is received.

Membership Levels	Annual Dues
<b>Organizational Member (Based on Annual Budget)</b>	
<input type="checkbox"/> Up to \$4,999,999	\$2,500
<input type="checkbox"/> \$5,000,000 to \$9,999,999	\$3,500
<input type="checkbox"/> \$10,000,000 +	\$4,500
<b>Corporate Member</b>	
<input type="checkbox"/>	\$3,000
<b>Affiliate/Look-Alike Member</b>	
<input type="checkbox"/>	\$1,000
<b>Associate Member</b>	
<input type="checkbox"/>	\$750
<b>Individual Member</b>	
<input type="checkbox"/>	\$50

**Briefly describe your interest in joining the SCPHCA. For all member levels, *excluding* Individual, describe current partnerships/collaborations with other healthcare organizations with missions that align with the SCPHCA.**

---

---

---

---

---

**Please forward your completed application to:**  
 Natoshia Goines (natoshiag@scphca.org)

**Membership Disclaimer:**

Be advised that all requests for membership will be verified through the Office of Inspector General (OIG) to ensure applicant and/or Organization and its Principles, are not listed on the federal exclusion list.

FOR OFFICE USE ONLY

OIG Verified      Date Verified

*"Access to Quality Health Care for All of South Carolina"*