



scha personal membership groups

purpose

The purpose of the personal membership groups of SCHA is to offer dedicated professionals a way to achieve common goals, develop management skills and expertise, and the opportunity for affiliation in organizations that represent their chosen professions.

benefits

There are many benefits to joining a personal membership group.

- Provide educational program and other activities to enhance career development
- Provide a communication tool for the dissemination of information on current topics relevant to members
- Provide a forum on health care issues and discuss the impact of these issues on hospitals and medical staffs
- Increase participation and networking among colleagues across the state

how to join

The membership fee for all SCHA personal membership groups is a reasonable \$80 per calendar year, except for SCONL, which is \$85 per year to include chapter dues for AONE. Anyone affiliated with an institutional member is eligible to join one of these membership groups.

To join please complete the application and return it with payment to:

South Carolina Hospital Association
Attn: Personal Membership Groups
1000 Center Point Road, Columbia, SC 29210

scha pmg application

Please mark the PMG you wish to join.

- | | |
|---|------|
| <input type="checkbox"/> SC Chapter of American Society of Healthcare Risk Management (ASHRM) | \$80 |
| <input type="checkbox"/> SC Executive Assistants in Healthcare (SCEAH) | \$80 |
| <input type="checkbox"/> SC Healthcare Human Resources Association (SCHHRA) | \$80 |
| <input type="checkbox"/> SC Organization of Nurse Leaders (SCONL) | \$85 |
| <input type="checkbox"/> SC Society for Healthcare Emergency Management (SCSHEM) | \$80 |
| <input type="checkbox"/> SC Association for Healthcare Quality (SCAHQ) | \$80 |
| <input type="checkbox"/> SC Society for Hospital Fund Development (SCSHFD) | \$80 |
| <input type="checkbox"/> SC Society of Chaplains (SCSC) | \$80 |
| <input type="checkbox"/> SC Society of Healthcare Recruiters Network (SCHRN) | \$80 |
| <input type="checkbox"/> SC Society of Hospital Directors of Volunteer Services (SCSHDVS) | \$80 |
| <input type="checkbox"/> SC Society of Hospital Engineers (SCSHE) | \$80 |
| <input type="checkbox"/> SC Society of Hospital Material Management (SCSHMM) | \$80 |

Name _____ Title _____
Organization _____
Address _____
City _____ State _____ Zip Code _____
Email _____
Phone _____ Fax _____
Signature _____ Date _____

payment options

Please check one form of payment and fax membership form to 803.796.2938.

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:

**SCHA, Personal Membership Groups, 1000
Center Point Road, Columbia, SC 29210 •
FAX 803.796.2938**