**Purpose**

The Personal Membership Groups of SCHA 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**

- Educational programs and other activities to enhance career development
- Communication tool for the dissemination of information on current topics relevant to members
- A forum on healthcare issues for discussing the impact of these issues on hospitals and medical staffs
- Increase participation and networking among colleagues across the state

**How To Join**

Anyone affiliated with an institutional member is eligible to join a Personal Membership Group. To join, please complete the application and return with payment to:

South Carolina Hospital Association
Attn: Kim Wooten, PMG
1000 Center Point Road, Columbia, SC 29210
Membership fee: $80 per year
SCONL: $85* per year
*includes chapter dues for AONE

Please mark the PMG you wish to join.
- SC Association for Healthcare Quality (SCAHQ) $80
- SC Chapter of American Society of Healthcare Risk Management (ASHRM) $80
- SC Executive Assistants in Healthcare (SCEAH) $80
- SC Healthcare Human Resources Association (SCHHRA) $80
- SC Organization of Nurse Leaders (SCONL) $85
- SC Society for Healthcare Emergency Management (SCSHEM) $80
- SC Society for Hospital Fund Development (SCSHFD) $80
- SC Society of Chaplains (SCSC) $80
- SC Society of Healthcare Recruiters Network (SCHRN) $80
- SC Society of Hospital Directors of Volunteer Services (SCSHDVS) $80
- SC Society of Hospital Engineers (SCSHE) $80
- SC Society of Hospital Material Management (SCSHMM) $80

Please check one form of payment and fax membership form to 803.399.9678.

☐ 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:

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Columbia, SC 29210

FAX 803.399.9678