



Business Partner Membership Application

South Carolina Association of Healthcare Access Management

Membership eligibility is January 1st, 2020- December 31st, 2020

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Telephone: _____

Email: _____

Fax: _____

**Please complete the form and send with \$150 membership dues to
the address below**

Please make checks payable to **SCAHAM**

Mail to:

**SCAHAM TREASURER
P.O. BOX 1763
GREENWOOD, SC 29648**