



## Business Partner Membership Application

### South Carolina Association of Healthcare Access Management

Membership eligibility is January 1<sup>st</sup>, 2024- December 31<sup>st</sup>, 2024

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please complete the form and send with \$200 membership dues to  
the address below**

Please make checks payable to **SCAHAM**

**Mail to:**

**SCAHAM TREASURER**

**P.O. BOX 566**

**UNION, SC 29379**

**Or pay online at [scaham.org](http://scaham.org)**