



Membership Application

South Carolina Association of Healthcare Access Management

Membership eligibility is January 1st, 2024- December 31st, 2024

Name: _____

Title: _____

Company: _____

Mailing Address: _____

Telephone: _____

Email: _____

Fax: _____

**Please complete the form and send with \$100 membership dues to
the address below no later than March 31st, 2024:**

Please make checks payable to **SCAHAM**

Mail to:

SCAHAM TREASURER

P.O. BOX 566

Union, SC 29379

Pay online at scaham.org