



## Membership Application

South Carolina Association of Healthcare Access Management

Membership eligibility is January 1<sup>st</sup>, 2025- December 31<sup>st</sup>, 2025

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 31<sup>st</sup>, 2025:**

Please make checks payable to **SCAHAM**

**Mail to:**

**SCAHAM TREASURER**

**P.O. BOX 566**

**Union, SC 29379**

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