



**SOUTH CAROLINA
HEALTHCARE MANAGERS ASSOCIATION**



MEMBERSHIP APPLICATION

PROFESSIONAL INFORMATION

Please print or type.

Mr. Mrs. Ms. Miss Dr.

Last Name: _____ **First Name/MI:** _____

Title: _____

Name of Practice/Clinic: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Specialty or Specialties You Represent: _____

Are you certified through any organization? Yes No

If so, what certification(s) do you have: _____

Through which organization(s): _____

Member of National Medical Group Management Association (MGMA): Yes No

May we send SCHMA/MGMA information to you through our list serve or via fax? Yes No

Do you wish to receive information regarding third party products, which we believe are useful to our members? Yes No

MAJOR JOB RESPONSIBILITIES

Please give a specific and detailed description of your responsibilities and duties as manager/administrator.

PERSONAL INFORMATION (Optional)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Date of Birth:** _____

Spouse's Name: _____ **# of Children:** _____

Other Professional or Social Organizations Membership: _____

Over

MEMBERSHIP STATUS

- Active

 Affiliate

 Member-at-Large

If you're a new member, please indicate who referred you to our organization: _____

MEMBERSHIP INFORMATION

Active Member: Active membership shall be limited to those individuals who are employed by a medical practice or hospital and who work in a management/supervisory capacity. Specifically, the active member may manage a function and not necessarily people, determined by the job description of the organization.

Affiliate Member: Affiliate membership shall be those individuals who provide products or services to healthcare organizations and who have not joined as a corporate member. This includes, but is not limited to, marketing and consultative services.

Member-at-Large: Limited to those members who are affiliated with a healthcare organization that provides patient care and works in a management/supervisory capacity. Members-at-large are those individuals who qualify for active membership and who are not members of a local chapter.

DUES & ASSESSMENT

- Active:** \$125 for Jan. – Dec. (Please indicate chapter membership preference below.)
 Affiliate: \$300 for Jan. – Dec. (Please indicate chapter membership preference below.)
 Member-at-Large: \$125 for Jan. – Dec.

- SCHMA CHAPTERS:**
- | | | | | |
|-------------------------------------|-----------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Anderson | <input type="checkbox"/> Beaufort/Jasper | <input type="checkbox"/> Charleston | <input type="checkbox"/> Coastal |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Florence | <input type="checkbox"/> Greenville | <input type="checkbox"/> Lexington | <input type="checkbox"/> Oconee |
| <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Pickens | <input type="checkbox"/> Spartanburg | <input type="checkbox"/> Sumter/Clarendon/Lee | |

Please make your check payable to the SCHMA.
Mail your completed application and check to PO Box 11188, Columbia, SC 29211.

Membership will be effective upon receipt of your completed application and dues payment.

For Office Use Only:	
Date Received: _____	Date Approved: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Delayed <input type="checkbox"/> Denied <input type="checkbox"/> Suspended Classification: _____	
Reason for Denial, Delay, or Suspension: _____	
Date Applicant Notified of Membership: _____ By: _____	
Remarks/Comments: _____	
