



**SOUTH CAROLINA  
HEALTHCARE MANAGERS ASSOCIATION**  
**CHAPTER MEMBERSHIP APPLICATION**



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**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

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**MAJOR JOB RESPONSIBILITIES**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL INFORMATION (Optional)**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **# of Children:** \_\_\_\_\_

**Other Professional or Social Organizations Membership:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Over*

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**MEMBERSHIP STATUS**

- Active                       Affiliate
- New Member – Referred by: \_\_\_\_\_

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**MEMBERSHIP INFORMATION**

**Active Member:** Active membership shall be limited to those individuals who are affiliated with a health care organization that provides patient care and works in a management/supervisory capacity.

**Affiliate Member:** Affiliate membership shall be those individuals who provide products or services to health care organizations, and who have not joined as a corporate member.

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**DUES & ASSESSMENT**

- Active Membership: \$125 for Jan. – Dec.
- Affiliate Membership: \$300 for Jan. – Dec.

*Please make your check payable to the SCHMA.*

Mail your completed application to:  
Columbia Chapter  
SCHMA  
PO Box 7122  
Columbia, SC 29202.

**For Office Use Only:**

**Date Received:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

Approved     Delayed     Denied     Suspended    **Classification:** \_\_\_\_\_

**Reason for Denial, Delay, or Suspension:** \_\_\_\_\_

**Date Applicant Notified of Membership:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Remarks/Comments:** \_\_\_\_\_

\_\_\_\_\_