

Individual Membership Application

Individual membership entitles the member to attend all Mid-Carolina AHEC programs (LIVE, AHEC-U) at no charge for registration (*excludes AHA and Joint Providership programs*). Meals and books, if required for a specific program, are not included in consortium membership. Membership is non-transferable and membership fees are non-refundable.

_____ Annual Membership fee \$255.00 (Includes \$5.00 PayPal processing fee)

Name: _____

Licensure/Credentials: _____

Home Address: _____

Home/Cell #: _____

Email Address: _____

Employer: _____

Employer Address: _____

Business #: _____

If paying by check or MO:

Please mail completed membership application with a check or MO for **\$250.00** made payable to:

Mid-Carolina AHEC
PO Box 2049
Lancaster, SC 29721

Phone (803) 286-4121- Fax (803) 286-4165

www.midcarolinaahec.org



For Office Use Only

Consortium membership effective (start date) _____ to _____

Payment received _____ Membership card mailed _____