

Student Membership Application

The Student membership entitles the student to attend all Mid-Carolina AHEC programs, including AHEC-U programs at no charge for registration or at a discounted fee (*excludes AHA and joint-providership programs*). Meals and books, if required for a specific program, are not included in the membership. Membership is non-transferable and fees are non-refundable.

_____ Student Membership fee **\$80.00 (includes \$5.00 PayPal processing fee)**

Name: _____

Licensure/Credentials: _____

Home Address: _____

Home/Cell #: _____

Student Email Address: _____

School Attending: _____

School Address: _____

If paying by check or MO:

Please mail completed student membership application with a check or MO for **\$75.00** 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

Student membership effective (start date _____ to _____)

Date payment received _____