



http://www.cshsmd.org

Membership Application

Circle One:

Membership in SC or NC

Student Membership

Membership in state other than NC or SC

Circle One:

New Renewal

Circle One:

Mr. Ms. Mrs. Dr. Other _____

Name _____

Title _____

Organization/School _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____

FAX _____

e-mail _____

Web Site _____

Referred By: _____

Member of AHA Society for Healthcare Strategy and Market Development?

Circle One: Yes No

Membership Fee: \$100.00 Student: \$25.00

PLEASE MAKE CHECK PAYABLE TO: CSHSMD

Mail to: Amy Hanzel, P.O. Box 12108, Charlotte, NC 28220 – info@cshsmd.org, (803) 412-6742

Questions: Sara Bullock, Georgetown Hospital System, Georgetown, SC – sbullock@gmhsc.com, (803) 920-9027

Date Received _____ Check No. _____ Amount _____