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## 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 for 2011 (Jan-Dec)    \$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](mailto:info@cshsmd.org), (803) 412-6742

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

Date Received \_\_\_\_\_            Check No. \_\_\_\_\_            Amount \_\_\_\_\_