



200 North Main Street Suite 201, Greenville, SC 29601 • Phone (864) 349-1160 • Fax (864) 349-1179
Registration Line (864) 349-1177 • www.upstateAHEC.org

Individual Consortium Membership Application

Individual consortium membership entitles the member to attend all Upstate AHEC programs at no charge for registration. Meals, roster fees and books, if required for a specific program, are *not* included in consortium membership.

Consortium membership is not transferable and membership fees are non-refundable.

I am interested in receiving information about programs for the following disciplines:

- CHES
- Counselor/Therapist
- Dental Hygienist/Assistant
- Dentist
- Dietitian
- EMT/Paramedic
- Nurse Practitioner
- Occupational Therapist/OTA
- Pharmacist
- Physical Therapist/PTA
- Radiological Technologist
- Registered Nurse/LPN
- Respiratory Therapist
- Social Worker
- Other _____

_____ Membership fee for July 1, 2010 - June 30, 2011 is \$200.00.

Please enclose payment for this amount with your membership application.

Name Licensure/Credentials

Employer

Home Address

Telephone: Business Home

Email

If paying by credit card, please fill out information below:

Type of card Card Number Exp date

Name on Card

Billing Address of card Street City State Zip

For Office Use Only

Consortium membership effective (start date) _____ to _____

Payment received: _____ Membership card mailed: _____