



200 North Main Street Suite 201, Greenville, SC 29601 Phone (864) 349-1160 Fax (864) 349-1179  
[www.upstateahec.org](http://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:

- |   |  |
|---|--|
| <input type="checkbox"/> CHES                       | <input type="checkbox"/> Pharmacist                |
| <input type="checkbox"/> Counselor/Therapist        | <input type="checkbox"/> Physical Therapist/PTA    |
| <input type="checkbox"/> Dental Hygienist/Assistant | <input type="checkbox"/> Radiological Technologist |
| <input type="checkbox"/> Dentist                    | <input type="checkbox"/> Registered Nurse/LPN      |
| <input type="checkbox"/> Dietitian                  | <input type="checkbox"/> Respiratory Therapist     |
| <input type="checkbox"/> EMT/Paramedic              | <input type="checkbox"/> Social Worker             |
| <input type="checkbox"/> Nurse Practitioner         | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Occupational Therapist/OTA |  |

\*Membership fee 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: \_\_\_\_\_