



104 South Venture Drive, Greenville, SC 29615 Phone (864) 349-1160 Fax (864) 349-1179
www.upstateahec.org

Individual Consortium Membership

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.

Membership fee for Individual Consortium Membership is \$200.00.

AHEC U ONLY Membership

AHEC U membership entitles the member access to all on-line AHEC U classes free for one year from date of membership (exception Anatomy and Physiology and Pharmacology for NP). AHEC U membership does not provide access to live programs or SCHOOLS programs but does provide access to over 140 online courses. AHEC U does not include live classes or SCHOOLS. AHEC U membership is not transferable and membership fees are non-refundable.

Membership fee for AHEC U Only Membership is \$49.95.

Please choose an option and enclose payment with your membership application.

- \$200.00 for Individual Consortium Membership
- \$49.95 for AHEC U Only Membership

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

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 | |

For Office Use Only

Consortium membership effective (start date) _____ to _____
Payment received: _____ Membership card mailed: _____