



South Carolina Health Care Association Application for Institutional Membership

I (we) hereby submit the necessary data for the consideration of the membership committee and apply for Institutional Membership in the South Carolina Health Care Association, Inc. and for membership in the American Health Care Association. (Note: The South Carolina Health Care Association is affiliated with the American Health Care Association. Joint membership in both organizations is required for Institutional Membership.)

Name of Facility:			
Address (Street & PO Box):			
City:	State:	Zip:	County:
Telephone Number:		Fax:	
SNF Administrator Name:		SNF Administrator Email:	
ALF Administrator Name:		ALF Administrator Email:	
Facility Website:			
Management Company: _____ Address: _____ Type: _____ (Proprietary, Chain, Independent Proprietary, Non-Profit, Hospital Affiliated)			
Licensed Nursing Facility Beds # _____ Licensed Assisted Living Beds # _____			
<p>I (we) agree to comply with all rules and regulations as set forth in the SCHCA Constitution and Bylaws and its Professional Code of Ethics, and will make every effort to establish and maintain high standards of nursing care at all times.</p> <p>Date: _____ Signed: _____</p> <p><i>Upon approval of our Executive Board you will be notified and billed for dues. Upon receipt of dues in the Association Office you will be placed on our membership list to receive all information to the membership. The Budget Reconciliation Act of 1993 Barred deduction for certain lobbying and political expenses. 14.75% of SCHCA dues and 28% of AHCA dues are allocated to lobbying and are not an allowable business expense. Payments may be deductible as ordinary and necessary. This document shall serve as a contract between SCHCA and the MEMBER FACILITY. Upon signature the facility agrees and understands they are liable for all dues and charges related to their membership.</i></p>			
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