South Carolina Health Care Association
Application for Personal Membership

I hereby submit the necessary data for the consideration of the membership committee and apply for a Personal Membership in The South Carolina Health Care Association

Name:			
Address (Street & PO Box):			
City:	**State:**	**Zip:**	**County:**
Telephone Number:			**Fax:**

Contact Email:_____
(upcoming seminars and monthly newsletters are sent via email)

Description of affiliation to the Nursing Home and Assisted Living Industry:
_____
_____
_____
_____

Date: _____ **Signed:**_____

This application must be accompanied by a remittance fee of $200.00 for the current year's dues. Contributions to the SCHCA are not deductible as charitable contributions for Federal Income Tax purposes. The Budget Reconciliation Act of 1993 Barred deduction for certain lobbying and political expenses. 14.75% of SCHCA dues are allocated to lobbying and are not an allowable business expense. Payments may be deductible as ordinary and necessary business expenses.

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