



Lowcountry Area Health Education Center, Inc. (AHEC)  
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[www.lcahec.com](http://www.lcahec.com)

**Individual Consortium Membership Agreement**

Individual consortium membership entitles the member to attend all Lowcountry AHEC sponsored programs at no charge for registration. Meals, books, and other additional fees, if required for a special program are not included in consortium membership. Note: any additional fees are indicated in the fee section of an individual program's brochure and under website course details.

Consortium membership is not transferable and membership fees are non-refundable. Membership fee for July 1, 2009 – June 30, 2010 is **\$200.00** and may not be prorated. **Please enclose payment for this amount with your membership application.**

\_\_\_\_\_  
Name Licensure/Credentials

\_\_\_\_\_  
Unique ID: Birth Month/ Birth Date / Last 4 digits of SS# (ex. 07/31/3622)

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone: Business/Home

**Please Circle Your Discipline**

- 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 \_\_\_\_\_

***For Office Use Only***

Consortium membership effective (start date) \_\_\_\_\_ to \_\_\_\_\_

Payment received: \_\_\_\_\_