



South Carolina
Community Health Worker
Association

MEMBERSHIP FORM

Member Information:

First Name: _____

Last Name: _____

Organization/Affiliation: _____

Job Title (Are you a CHW? Yes/No): _____

Street Address: _____

City/State: _____

Zip Code: _____

Phone Number (With Area Code): _____

Email Address: _____

Select Your Membership Level:

Individual Member Dues:

Annual \$30

Other \$ _____

Make check or money order payable to: SCCHWA (South Carolina Community Health Worker Association)

Insert SCCHWA Acct on Memo Line and your first/last name

Mail To: SCCHWA

P.O. Box 7422

Columbia, SC 29202

If you have questions, please contact SCCHWA Treasurer Meredith Kelley at (305)978-9896 or Meredith.Kelley@gmail.com.

Thank you for supporting the SCCHWA! The mission is to maximize the voices of Community Health Workers and strengthen the profession's capacity to achieve healthy, equitable communities throughout South Carolina.