



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 Darin Thomas at (864) 979-5232.

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.