



Application for Institutional Membership

3-4 Members: \$275.00 ___ **5-7 Members: \$450.00** ___ **8+ Members*: \$600.00** ___

Please send your check payment to **SCAHD** to the address below with this form.

Or renew online: www.scahd.org/membership

***For any members over 8 an additional \$10 per member badge fee will apply.**

Credit Card Payment Accepted: VISA, MASTERCARD, OR AMEX

PLEASE PRINT

Name of Facility:

Address:

City, State:

Zip code:

Phone

Fax#

Contact person:

Members:

NAME:

TITLE:

Phone #

Cell #

Email:

NAME:

TITLE:

Phone #

Cell #

Email:

SCAHD

ATTN: Heather Even, 25943 Via Pera, Mission Viejo, CA 92691-2418

714-771-3685

www.scahd.org * office@scahd.org

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SCAHD

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