

**South Carolina Hospital Association • 1000 Center Point Road
Columbia, South Carolina 29210 • Phone: 803.796.3080 Fax: 803.796.2938**

**The governing board of this institution today hereby applies for
Institutional Membership, Type II, in the South Carolina Hospital Association**

Name of Institution in Full _____

Date Opened _____ Number of Beds _____

Address (Street Address and/or PO Box, City, State, Zip) _____

Telephone Number _____ Fax Number _____

Web Site _____

Name & Title of Chief Executive Officer _____

Name of Corporation (Corporation or Individual) _____

1. Type of institution:

- Long Term Acute Care
- Substance Abuse Facility
- Psychiatric Facility
- Rehabilitation Facility
- Mental Health Center
- Other _____

Control:

- Not For Profit – Church Related
- Not-For-Profit
- State
- Federal
- Investor Owned

2. Is this institution presently licensed by the State of South Carolina or the South Carolina Mental Health Commission? Yes No N/A

3. Is this institution presently registered by the American Hospital Association as an inpatient care institution other than a hospital? Yes No

4. Projected (or budgeted) annual operating expenses: \$ _____

Signed (To Be Signed by CEO)

Title

FOR SCHA USE ONLY Date Received: _____ Date Board Approved: _____ Annual Dues: _____