
MEMBERSHIP APPLICATION

Organization: _____

Primary Contact: _____
Name TitleMailing Address: _____
City State ZipStreet Address: _____
(To receive FedEx) City State Zip

Phone: _____ Fax: _____

Email: _____ Web address: _____

Employee Information

#Employees in SC _____ #Retirees in SC _____ #Covered Lives in SC _____

#Employees Out-of-State _____ #Retirees Out-of-State _____ #Covered Lives Out-of-State _____

Broker Information

Name: _____ Organization: _____ Phone: _____

Health Plan Information

Plan Name: _____ PBM Name (if different): _____

Please thoroughly read the South Carolina Business Coalition on Health (SCBCH) goals below and the Confidentiality Statement before signing your Membership Application. Your signature indicates your commitment to support the goals and honor the confidentiality of the SCBCH.

South Carolina Business Coalition on Health Goals:

- Improved healthcare quality and efficiency
 - Greater consumer responsibility
 - Healthier people
 - Improved economic competitiveness
-

Representative Name

(Please print)

Signature of Representative_____
Date

Confidentiality Agreement:

The party below agrees that any information concerning the SCBCH or information concerning it's member organizations, it's contracts, or any other aspect of it's business, (which is not public knowledge), shall be held in strict confidence and not used by the party, or disclosed by the party to any person or organization other than the party's employees/agents, without the prior written consent of the SCBCH Board Chair.

Representative Name (Please print)

Signature of Representative Date

Permission to Link on www.scbch.org

I, _____, as a representative of _____ (organization) certify and grant permission to the South Carolina Business Coalition on Health for the use of our name and web site address as a hyperlink on the SCBCH web site. This link is for information purposes only, and not for advertisement or profitable marketing.

Web Site Address: _____

Signature Date

Please complete the Member Application and return it, along with your membership fee check made payable to:

SCBCH
301 University Ridge, Suite 5050
Greenville, SC 29601

For questions contact SCBCH at 864-467-3255.
www.scbch.org