



## *Application for Institutional Membership*

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

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**TITLE:**

**Phone #**

**Cell #**

**Email:**

**SCAHD**

PO Box 41130, Long Beach, CA 90853-1130

714-771-3685

[www.scahd.org](http://www.scahd.org) \* [office@scahd.org](mailto:office@scahd.org)

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