



PO Box 2054 ■ LEXINGTON, SC 29071
803/356-6809 ■ FAX:803/356-6826 ■ SCGWA@SC.RR.COM ■ WWW.SCGWA.ORG

Non-Contractor Membership Application

Supplies & manufacturers should complete the front and back of this application and send it with payment to SCGWA at the above address.

Company: _____

Billing Address: _____ Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Address (if different from above) to be used in our website and newsletter listings:

Address: _____

City, State, Zip: _____

Phone: _____ Website: _____

Membership Category: Regular Member @ \$175 for first 3 individuals and \$25 for each additional person

Platinum Sponsor @ \$1000 for unlimited individuals

Platinum Sponsor Benefits: *Complete this section only if you are joining as a Platinum Sponsor. Regular members can proceed to the back of the page.* Indicate below the benefits in which you plan to participate and provide the requested items and/or information.

Yes, we plan to send a representative and/or materials to be distributed at the Spring (May) & Fall (Oct) Meetings.

Yes, we plan to exhibit at the Trade Show in February.

Yes, we would like to be linked to the home page of the SCGWA website.

URL for linking: _____

Please email a copy of your company logo to scgwa@sc.rr.com.

Yes, we would like to be recognized in the SCGWA newsletter.

- Introduction: Please send a paragraph about your company to scgwa@sc.rr.com. The information will be published in the next newsletter.
- Insert: Please send 200 copies of an insert to be distributed in the next SCGWA newsletter to Janet Jordan, 5 Tattlers Court, Irmo SC 29063.

(OVER)

Company name: _____

Members: List the people from your company who will be members, note whether they should receive SCGWA mailings, and provide a mailing address. Feel free to make additional copies of this page as needed.

MEMBER 1 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 2 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 3 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 4 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 5 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 6 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

MEMBER 7 Mail: Yes No
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Payment: Check Credit Card
Card #: _____
Exp Date: _____ Sec Code: _____
Name on card: _____
Billing Address _____
Email for receipt: _____