



South Carolina Ground Water Association

PO Box 2054 ■ Lexington, SC 29071 ■ 803/356-6809 ■ Fax: 803/356-6826

Platinum Sponsor Membership Application

Supplies & manufacturers should complete the front and back of this application and send it with payment of \$1000 to SCGWA at the above address.

Company: _____

Billing Address:

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

South Carolina Address (if different from above) to be used in our website listing of “Manufacturer and Supplier” members:

Address: _____

City, State, Zip: _____

Phone: _____ Website: _____

Platinum Sponsor Benefits

Indicate 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 Fall Meeting in October.
- Yes, we plan to exhibit at the Trade Show in March.
- Yes, we would like to be recognized in the SCGWA newsletter.

Address that should be used: _____

Information about company for Platinum Sponsor Spotlight: _____

- 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.

(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: _____

MEMBER 8 Mail: Yes No

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____