



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

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 Spring (May) & Fall (Oct) Meetings.
- Yes, we plan to exhibit at the Trade Show in February.
- 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: _____

PAYMENT: Check Credit Card (Visa, MC, Amex, Discover)
Card #: _____
Exp Date: _____ Sec Code: _____
Name on card: _____
Billing Address _____
Email for receipt: _____