

SCTPA
ALLIED SUPPLIER MEMBER APPLICATION



Date: _____

Contact: _____


Company: _____

Address: _____ Phone: _____
(Street/PO#) (State) (Zip)

E-Mail: _____

Check All That Apply: ☐ Logging Equipment Sales & Service ☐ New ☐ Used ☐
☐ Construction Equipment Sales & Service ☐ New ☐ Used ☐
☐ Truck & Tractor Sales & Service ☐ Trailer Sales & Service ☐ Commercial P & C Insurance
☐ Tire Dealer - Retail/Tire Distributor - Wholesale ☐ Other (Describe) _____

HELP KEEP SCTPA WORKING FOR YOU. Please Pay At Least The Minimum Dues

	<u>ANNUAL DUES OWED</u>
	Member Levels: PLATINUM - \$ 1,000 / GOLD - \$ 500 / SILVER - \$ 300.00 \$ _____
	Annual Membership Dues Paid \$ _____
	Additional Voluntary Contribution to Annual Dues \$ _____
	OR ... VOLUNTARILY DOUBLE Your Dues For This Year To Keep SCTPA Going \$ _____
	Employee Membership (\$25/employee - <i>please submit separate contact form</i>) \$ _____
	TOTAL ANNUAL MEMBERSHIP CONTRIBUTION \$ _____
	A 4% credit card processing fee applies to amount charged.* \$ _____
	<small>*SCTPA does not receive this processing fee.</small>
	TOTAL PAID \$ _____

Credit Card Payment: VISA DISCOVER MASTERCARD (Circle Card Used)

Card Holder Name _____ Billing Address Zip Code _____

Card Number _____ Expiration Date _____

Card Verification Number On Back _____ (3 or 4 digit number on back of card)

I Agree To Pay According To Credit Card Terms & Conditions:

Signature _____ Date _____

SCTPA is a Non-Profit 501(c)(6) association - SC FEIN 57-0883563. 90% of annual dues are a tax-deductible business expense. 10% of dues are designated for lobbying activities and not tax deductible.

Annual Dues Are Renewable Annually On Date Of Receipt. Please Return With Payment To:

SCTPA
PO BOX 113
Pawleys Island, SC 29585
or Email ceo.sctpa@gmail.com
843-833-3822