

SCTPA

SUPPORTING ASSOCIATE MEMBER APPLICATION



Date: _____

Contact: _____

Company: _____

Address: _____ Phone: _____

E-Mail: _____

Check All That Apply: ☐ Supporting Forester ☐ Supporting Landowner ☐ Supporting Friend

☐ Student Member ☐ Other (Describe) _____

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



Supporting Associate Member @ \$100.00

ANNUAL DUES OWED

\$ _____

Student Member @ \$25

\$ _____

Additional Voluntary Contribution

\$ _____

TOTAL ANNUAL MEMBERSHIP CONTRIBUTION

\$ _____

A 4% credit card processing fee applies to amount charged.*

\$ _____

**SCTPA does not receive this processing fee.*

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