



2018 MEMBERSHIP APPLICATION

NAME: _____

COMPANY OR FARM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____ FAX: _____

MAJOR CROPS:

ANNUAL MEMBERSHIP DUES

(Please check the appropriate category below.)

- ASSOCIATE/GOVERNMENT - \$20
 - NEW MEMBER - \$25
 - PRODUCER - \$25
- ALLIED INDUSTRY - \$35
- DONATION - \$ _____

Checks or money orders should be made payable to the **SCFVSA** and sent to:

SC Specialty Crop Growers Association
Attn: LauraKate Anderson
P.O. Box 11280
Columbia, SC 29201