



SOUTH CAROLINA
SPECIALTY
Crop Growers
— ASSOCIATION —

2019 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