



SOUTH CAROLINA
SPECIALTY
Crop Growers
— ASSOCIATION —

2024 Membership Application

Name _____

Company or Farm Name _____

Physical Address _____

Mailing Address *If different from above* _____

Telephone _____ Cell Phone _____ Fax _____

Email Address _____

List of Specialty Crops Grown _____

ANNUAL MEMBERSHIP DUES

Please check the appropriate category below

New Member – \$25

Associate/Government – \$20

Donation – \$ _____

Producer – \$25

Allied Industry – \$35

RETURN COMPLETED APPLICATION AND PAYMENT

Check or money order should be made payable to the SC Fruit, Vegetable, and Specialty Crop Association or SCFVSCA.

SC Specialty Crop Growers Association
Attn: Michael Cranford, *Executive Director*
P.O. Box 11280
Columbia, SC 29201
mcranford@scda.sc.gov

*Save this form to your
computer first before filling out
and submitting. Do not submit
from an internet browser.*