

Membership Application

Member Contact Information

Company Name:		
Address:		
Telephone:		
Website:		
□ Consultant □ Banker □ Contrac	ctor □ Non-Profit □ Other:	
Primary Contact:		
Name:		
Title: Email:		
Secondary Contact: Name:		
Title: Fmail·		
Email:		
Please list other names that should be add	ded to the email lists:	
Dues: Member Level ☐ Voting Member \$1,000 ☐ Non-Voting Member \$250		
Places make your dues check navable to	South Carolina Mitigation Association	

Please make your dues check payable to South Carolina Mitigation Association. Mail to: PO Box 1763, Columbia, SC 29202

Please attach this application to your payment. Please email your logo to info@scmitigation.org if you would like it posted on the membership page of the SCMA website with a link to your company website.

Thank you for your support.