

**South Carolina Fertilizer & Agrichemicals Association
Membership and Renewal Application**

Company/Affiliation: _____

Name: _____

Spouse's Name _____

Address: _____

City/State/Zip _____

Phone-Office: _____ Fax: _____

Home: _____ Cell: _____

Email: _____

CCA# _____ Pesticide License # _____

For State: _____

___ Sustaining Membership **\$300**
[Major manufacturers or distributors] includes one active member

___ Contributing Membership **\$150**
[Agrichemical dealers and/or affiliated agribusiness entities]

___ Active Membership **\$60**
[Individuals or companies actively engaged in agribusiness]

___ Associate Membership **\$30**
[Professional county, town, city or federal agricultural workers]

Amount Enclosed \$ _____ Date _____

Please check desired membership and send remittance to:

SCFAA
PO Box 1316
Pendleton, SC 29670

OFFICIAL USE ONLY

Date _____ Check No. _____

The amount of \$ _____ for _____ membership in the SC Fertilizer and Agrichemicals Association.

Mike Watkins, Executive Secretary
