

**South Carolina Fertilizer and Agrichemicals Association**  
**P. O. Box 1316, Pendleton, SC 29670 • 864-650-5306**  
 Email: [scfaa@bellsouth.net](mailto:scfaa@bellsouth.net)    Web Page: [www.scfaa.org](http://www.scfaa.org)

### Membership Application

**Name:**

**Company:**

**Address:**

**City/State/Zip**

**Business Telephone:**

**Mobile Telephone:**

**Fax:**

**Email:**

<b>Sustaining (Corporate) Membership \$400</b>	
<b>Contributing (Retail) Membership \$150</b>	
<b>Additional Active Memberships \$50 each* (List on page 2)</b>	
<b>Individual Active Membership \$60</b>	
<b>Associate Membership \$30</b>	
<b>Amount Enclosed</b>	

*Please provide contact information for each additional active membership on back of this form.*

**A Sustaining Membership (\$400) includes up to two active memberships and a full page ad in our Membership Directory. Additional active memberships are \$50 each.\*** The Membership Directory will be distributed to SCFAA members and farmers. Those eligible for a Sustaining Membership include: (1) wholesalers of pesticides, fertilizers and seed; (2) equipment, pesticide and fertilizer manufacturers/distributors; (3) other affiliated agribusiness entities or individuals interested in promoting the purposes of SCFAA

**A Contributing Membership (\$150) includes up to three active memberships. Additional active memberships are \$50 each.\*** Those eligible for a Contributing Membership include: suppliers/retailers of pesticides, fertilizer and seed, and other affiliated agribusiness entities or individuals interested in promoting the purposes of SCFAA.

**An Active Membership (\$60) includes one individual membership.** Those eligible to become an Active Member include: individuals engaged in agribusiness, farmers and individuals interested in promoting the purposes of SCFAA.

**An Associate Membership (\$30) includes one individual membership.** Those eligible to become an Associate Member include: industry retirees and professional agricultural workers who are employed by a city, county, state or federal government agency, a non-profit organization or an educational entity.

**Method of Payment:**    Check     Visa     Mastercard    American Express

**Security code on back of card (last three numbers):** \_\_\_\_\_    **Expiration Date:** \_\_\_\_\_

**Card Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Billing address is different from above.** \_\_\_\_\_

Additional Active Membership Information

Name

Address

City

State

Zip

Business Phone

Cell Phone

Fax

Email Address

Additional Active Membership Information

Name

Address

City

State

Zip

Business Phone

Cell Phone

Fax

Email Address

Additional Active Membership Information

Name

Address

City

State

Zip

Business Phone

Cell Phone

Fax

Email Address

Additional Active Membership Information

Name

Address

City

State

Zip

Business Phone

Cell Phone

Fax

Email Address