

2020 New Membership Registration

Full Member

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to become a full member of the South Carolina Association of Pregnancy Care Centers. I understand that Full Members are included in the annual retreat, special activities, conference calls and email correspondence.

Associate Membership is $100.00. Following, Renewal Membership is 1.00 per each $1000 of annual budget. (For example, an $85,000 budget would pay $85.00 for annual dues). The dues amount is capped at $500.00. Payment is due by the end of January each year. This type of membership operates as a pregnancy care center. Full Members are eligible for any grants, scholarships, or assistance awarded by the South Carolina Association of Pregnancy Care Centers and have voting rights as a full member.

Contact information for membership is:

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St. \_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make check payable to SCAPCC and send to Cassandra Deans, Treasurer

 35 Lemoyne Dr. Beaufort, SC **ATTN. SCAPCC**