



Membership Renewal Year of _____
Associate Member

_____ would like to renew our membership with the South Carolina Association of Pregnancy Care Centers. I understand that Associate Members are included in the annual retreat, special activities and email correspondence.

Associate Membership is \$150.00 per year and payment is due by January of each year. This type of membership is open to any life-affirming organization that is not considered to be a pregnancy care center. Associates are not eligible for any grants, scholarships, or financial assistance provided by South Carolina Association of Pregnancy Care Centers or eligible to vote.

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 Sarah Waddell, Treasurer
ATTN: SCAPCC 814 Cottesmore Dr., Camden, SC 29020