



SCAPCC Membership Registration

_____ would like to become a member of the South Carolina Association of Pregnancy Care Centers for the year _____. Upon approval of membership our organization understands and agrees with the following:

All members agree to Article II of the South Carolina Association of Pregnancy Care Center By-Laws.

Article II-----Purpose

“The South Carolina Association of Pregnancy Care Centers was created to promote sanctity of human life by way of education, encouragement, and fellowship of and between pregnancy care centers throughout the State of South Carolina, and to create a unified voice to communicate sanctity of human life issues on a local, state, and national level.”

New Member: ___ YES ___ NO (if you meet this criteria, please review and check accordingly)

- New member will be a Christ-centered pregnancy care center in the State of South Carolina who agrees with the purpose statement in Article II, and who has successfully completed the SCAPCC application process; and who understands that continuing membership is contingent upon being up to date on membership dues.
- New member will pay the New member fee of **\$150** for the **first-year membership**. Upon annual renewal membership criteria for Voting Member will be applied.

Voting Member: ___ YES ___ NO (if you meet this criteria, please review and check accordingly)

- A Voting Member will be a Christ-centered pregnancy care center in the State of South Carolina who agrees with the purpose statement in Article II, and who has successfully completed the SCAPCC application process; and who understands that continuing membership is contingent upon being up to date on membership dues.
- As a Voting Member our organization will be included in the annual retreat, special activities, conference calls, and email correspondence. Our organization can be eligible to apply for potential grants, scholarships, or financial assistance when available through the South Carolina Association of Pregnancy Care Centers.
- Annual Dues for each voting member are determined by their previous year’s annual income. The formula will be
- **\$1 per each \$1,000 of the annual income** (ex: annual income \$85,000 membership annual dues \$85.00). The amount is capped at **\$500.00**.
- The annual membership dues can be paid during a designated New Membership/Renewal campaign determined by the Executive Committee. Fees are due no later than January of the new fiscal year.

Article V - Membership

“The Executive Committee shall have the authority to grant non-voting associate membership to like-minded organizations who have successfully completed the SCAPCC application process. Associate members are not eligible to serve on the Executive Committee.”

Associate Member: ___ YES ___ NO (if you meet this criteria, please review and check accordingly)

- Associate Member will be an organization that is life-affirming but is not considered a pregnancy care center, agrees with the purpose statement in Article II, who has successfully completed the SCAPCC application process; and who understands that continuing membership is contingent upon being up to date on membership dues.
- As an Associate Member our organization will be included in the annual retreat, special activities, conference calls, and email correspondence.
- As an Associate Member our organization will not be eligible for any grants, scholarships, or financial assistance when available through the South Carolina Association of Pregnancy Care Centers.
- Annual dues for each Association Member will be **\$150.00**.
- The annual membership dues can be paid during a designated New Membership/Renewal campaign determined by the Executive Committee. Fees are due no later than January of the annual renewal calendar year.



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Scholarship Request: *Scholarships may be available for centers experiencing financial hardships.*

If you would like to request a scholarship for new or annual renewal membership, please contact an Executive Committee Member or email request to scapccforlife@gmail.com. Scholarship request will be reviewed and determined by the SCAPCC Executive Committee.

Please provide the following as a New, Voting, or Association Member:

Name of Organization & DBA _____

Physical Address: _____

Mailing Address: _____

Contact Person Name: _____ Position: _____

Best Contact Phone Number: _____ Best Email Contact: _____

Please Check One of the following:

___ Application completed and emailed, payment made online before or by due date

___ Application completed and emailed, payment mailed before or by due date

___ Application completed and mailed with payment to the address below

You may mail completed application and check to:
SCAPCC, c/o LIFEBRIDGE 1510 Main St. Newberry, SC 29108
Make checks payable to SCAPCC

You may email completed application to:
scapccforlife@gmail.com
Subject: Membership

Pay online at SCAPCC website:
<https://scapcc.com/resources>

*At homepage click on **RESOURCES** tab; scroll down to – Pay fees, registration..
Click **DONATE NOW** button and follow prompts to make your payment.*

If you have any issues, questions, or concerns please email scapccforlife@gmail.com . Thank you.