



Membership Registration Year of _____
Associate Member

_____ would like to become an associate member of 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 in **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 the periodic financial endowment made by South Carolina Association of Pregnancy Care Centers or voting.

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