



New Membership Registration

Full Member Year _____

_____ 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 \$150.00. 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 Sarah Waddell, Treasurer

ATTN: SCAPCC 814 Cottesmore Dr., Camden, SC 29020

