

PLEASE JOIN OUR ORGANIZATION

Print and fill out this form and send it with your check to:

**DORCHESTER COUNTY TAXPAYERS ASSOCIATION, INC.
PO BOX 50522
SUMMERVILLE, SC 29485**

NAME: _____ SPOUSE _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

ANNUAL DUES:

- \$25.00 (single)
- \$35.00 (family)

ADDITIONAL CONTRIBUTIONS:

- \$20.00
- \$30.00
- \$50.00
- (OTHER) \$ _____

***THANK YOU IN ADVANCE FOR TAKING THE TIME TO BECOME A MEMBER OF
THE DORCHESTER COUNTY TAXPAYERS ASSOCIATION!***