

S.C.A.C.C.A.

Membership / Annual Dues – Application

Date: _____

Check one: Organization Membership- \$70.00 Individual Membership- \$25.00

Agency Name: _____

Contact Person (and two other designated representative for agency membership):

Agency Mailing Address: _____

State/City/Zip: _____

Agency Phone #: _____ fax #: _____

E-mail Address: _____

Amount enclosed: \$ _____ Check #: _____

Description of your organization and services it provides to the community: _____

- _____
- _____
- _____
- _____

If you have more than one individual that would like to join, a separate application will need to be completed for each person.

Mail to address listed below. >

South Carolina Animal Care & Control Association
140 Amicks Ferry Rd. * Suite 334 * Chapin, SC 29036
803-776-7387 fax # 803-783-1421