



Application for
Annual Membership
And Renewal

Name: _____ Date: _____

Employer: _____

Mailing Address:

Street/ P.O. Box: _____

City/State: _____

Zip: _____

Phone (Work): _____

(Home): _____

Email Address: _____

Membership Type: _____ New _____ Renewal

_____ Professional Membership (\$20.00)

_____ Student Membership (\$5.00)

Please make checks or money orders payable to the SCPPA and mail to:

SCPPA
P.O. Box 5434
Columbia, SC 29250-5434