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Contractor Membership Application

Membership runs June 1 to May 31. Complete the form below and send it with payment to SCGWA at the address or fax located at the top of the page. Please print clearly.

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

Company Email: _____

Membership Category: Contractor (Driller, Pump Installer, Other) Government (Regulator)

DUES: \$175.00 for the first 3 individuals from a company and \$25.00 for each additional person

MEMBERS: List the people from your company who will be members, mark whether they should receive SCGWA mailings, and provide a mailing address if it is different from the company address given above. Feel free to make additional copies of this application as needed.

MEMBER 1 Mail: Yes No

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

MEMBER 2 Mail: Yes No

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

MEMBER 3 Mail: Yes No

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Payment: Check Credit Card

Card #: _____

Exp Date: _____ Sec Code: _____

Name on card: _____

Billing Address _____

Email for receipt: _____