



SOUTH CAROLINA CHAMBER *of* COMMERCE

MEMBERSHIP APPLICATION

Dues Amount: _____

Company Name: *(as it should be listed in our online and printed directory)*

Company mailing address: _____

City: _____ County: _____ State: _____ Zip: _____

Physical address: _____

City: _____ County: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Web site address: _____

Key Contact Person: _____ Title: _____

Other Contacts: _____ Title: _____

_____ Title: _____

Number of South Carolina Employees: Full time _____ Part time _____

Other South Carolina Locations? Yes No

If yes, please list other location cities: _____

Business Classification (SIC): _____

Committee Interest:

- Communications/Public Relations
- Environmental Technical Committee
- Excellence in Education Council
- Human Resources
- Legislative Agenda Task Force
- Tax Committee
- Safety, Health and Security Committee
- Tourism
- Diversity Council

Method of Payment:

Check #: _____

Credit Card: AmEx VISA MC Discover

Card #: _____ Exp. Date: _____

Card Holder Name: _____

Billing Address: _____

Affiliate Committees:

- Export Consortium
- Quality Forum

Security Code: _____

Mail Application to:

South Carolina Chamber of Commerce Membership Department
P.O. Box 11827
Columbia, SC 29211

Application completed by: _____

Signature: _____ Date: _____

Qualifications for Membership: Any individual, firm, corporation, partnership or association who is supportive of the general purposes and policy statements adopted by the Board of Directors is eligible for membership in the Chamber.