



South Carolina Sports Field Managers Association

www.scsfma.org

Membership Form

Date: _____ Invoice # _____ Purchase Order # _____

Name: _____ E-Mail: _____

Company/Organization: _____ Phone: _____

Address: _____

- Please be sure to write your correct e-mail address in a clearly legible manner so that we may contact you about future events. Your e-mail address will not be used for any other purpose or redistributed to third parties. For multiple memberships please duplicate form.

Please circle one of the following

Option	Annual Benefits Include	Cost	Total
Professional Membership	Attendance and lunch at all SC events	\$30	
Commercial Membership	Attendance and lunch at all SC events (2 Members) N/A if a chapter sponsor	\$100	
Student Membership	Attendance and lunch at all SC events	\$15	

Method of Payment:

Cash _____

Visa _____

Mastercard _____

Check _____

_ Checks are made payable to: SCSFMA

PO Box 161023

Boiling Springs, SC 29316

Questions may be addressed to Bruce Suddeth (864)503-5514 / SuddethB@uscupstate.edu

Thank you for your interest in the SCSFMA and we look forward to serving you.

THIS WILL BE THE ONLY INVOICE YOU WILL RECEIVE