



Mail completed form to:
SCFGLC
PO Box 197
Blythewood, SC 29016

Membership application

Please print clearly

NAME _____

STREET/PO BOX _____

CITY _____ STATE _____ ZIP _____

BUS/AGENCY _____

PHONE (____) _____ - _____

E-MAIL _____

MEMBERSHIP TYPE (CHECK ONE)

\$25 INDIVIDUAL
 BUSINESS
 AGENCY

\$5 STUDENT

MAKE CHECK PAYABLE TO SCFGLC

OR PAY BY CREDIT CARD. CIRCLE TYPE: AMEX MC VISA

AMOUNT: \$ _____

CARD NO. _____ EXP DATE ____/____

SECURITY CODE: _____ SIGNATURE _____

TODAY'S DATE: ____/____/____

By signing, I acknowledge that the information I provide on this application may be used by AFGC for publishing an online and/or printed directory, e-mail or fax communications to and from the membership.

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**Please double check to make sure
the information you wrote is legible.**