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Date Received:
Check Amount:
Check Number:

### **2020** Membership Application

Business/Farm Name:			
Contact Person:			
Business County:			
Business Address:	City	State	Zip
Mailing Address:	City	State	Zip
Email:	Phone Number(s):		
Website:	Facebook:		
Active Memberships: What t	type of farming are you involve	d in? Crops? A	nimals? Etc?

# **Active**

## Agritourism farms /direct marketer's farm operation

(1st time active members will receive a metal agritourism liability warning sign with membership)

\$45.00

#### **Associate**

Membership Options (Check One)

Off-farm venues / nonprofits /non-farmers supporting SCAA Mission goals

\$35.00

#### Corporate

Business/agency/for-profit entity supporting SCAA Mission goals

\$75.00

\*Please make check payable to the South Carolina Agritourism Association.

Mail check and membership form to:

Jackie Moore, SCDA P.O. Box 11280 Columbia, SC 29211

<sup>\* 2020</sup> membership will be valid from date of receipt until December 31, 2020