

MEMBERSHIP APPLICATION

Memberships are good for 12 months from the time your application is processed.
Renewal notices are mailed 45 days prior to renewal date.



MEMBERSHIP DUES *Please mark the appropriate membership.*

- | | |
|---|----------|
| <input type="checkbox"/> Festivals, Events & Organizations w/ Budgets \$50,000 and under
<i>(Includes one name and one event listing)</i> | \$125.00 |
| <input type="checkbox"/> Festivals, Events & Organizations w/ Budgets over \$50,000
<i>(Includes one name and one event listing)</i> | \$150.00 |
| <input type="checkbox"/> Associate Members
<i>(For-profit suppliers, vendors, crafters, entertainers & promoters)</i> | \$150.00 |
| <input type="checkbox"/> Additional Events Listing
<i>(Includes one name and one event listing for organizations sponsoring two or more events)</i> | \$ 50.00 |
| <input type="checkbox"/> Educators/Industry Agencies & Tourism Regions
<i>(Includes Colleges/Universities, Chambers, and other tourism related organizations not promoting an event)</i> | \$100.00 |
| <input type="checkbox"/> Student Membership <i>(Must be full time student)</i> | \$ 25.00 |

Please make check payable to SCFEA and mail to the address below.

By whom or how were you referred to SCFEA: _____

GENERAL INFORMATION

Organization: _____

Event: _____

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Web Site: _____

Tourism District: _____

County: _____

EVENT INFORMATION *(applicable for event members only)*

Event: _____

2017 Dates: _____

2018 Dates: _____

Location: _____

VENDOR/ORGANIZATION INFORMATION *(applicable for Associate members only)*

SERVICES PROVIDED:

- Entertainment Agent
 Marketing Services

- Artist/Craftsman
 Amusement Rides
 Tourism Agency

- Entertainer
 Event Equipment
 Fireworks

- Food Vendor
 Souvenir Items
 Other: _____

Description: _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Post Office Box 42205 • Charleston, SC 29423
Phone: (843) 614-2357 • Fax: (866) 690-7505

For Office Use Only!

Paid: \$ _____
Date: _____
Check #: _____