

ASSOCIATE MEMBER RENEWAL APPLICATION

NAME OF FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAIN CONTACT FORMAL NAME: MR. MRS. MS. MISS DR. _____

NICKNAME _____ TELEPHONE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY, STATE, ZIP _____

WE WANT YOUR LISTING TO BE 100% ACCURATE. VISIT WWW.SCBANKERS.ORG TO REVIEW YOUR COMPANY'S WEBSITE DESCRIPTION. THIS INFORMATION IS USED FOR YOUR COMPANY'S ASSOCIATE MEMBER PROFILE ON THE SCBA'S WEBSITE AND IN THE ONLINE DIRECTORY.

- THE CURRENT COMPANY DESCRIPTION IS ACCURATE; NO CHANGES ARE NECESSARY.
 CHANGE THE COMPANY DESCRIPTION BY EITHER EMAILING THE NEW DESCRIPTION TO BNELSON@SCBANKERS.ORG OR VISIT WWW.SCBANKERS.ORG
> MY SCBA (LOCATED MID-RIGHT OF HOME PAGE) > LOGIN* > MANAGE COMPANY INFORMATION

BILLING/ACCOUNTS PAYABLE CONTACT: MR. MRS. MS. MISS DR.

FORMAL NAME _____ NICKNAME _____

ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE NUMBER _____ EMAIL _____

MARKETING CONTACT: MR. MRS. MS. MISS DR.

FORMAL NAME _____ NICKNAME _____

ADDRESS _____ CITY, STATE, ZIP _____

TELEPHONE NUMBER _____ EMAIL _____

SCBA Associate member dues are \$1000.00 per year. Should you wish not to remain a member, please provide the SCBA a written notice of your non-renewal.

Please send this completed renewal form and payment to:
South Carolina Bankers Association
Attn: Carolyn Laffitte Bradley
P.O. Box 1483
Columbia, SC 29202-1483

If you have any questions, please contact Carolyn Laffitte Bradley at (803) 779-0850 or carolynbradley@scbankers.org