

# Membership Application South Carolina Peach Council

## 2006

Thank you for choosing to renew your membership with the South Carolina Peach Council.  
If your organization is a new member, then we welcome you aboard.

Amount Due:

**Researcher / Supporter -\$15.00**  
**Direct Market / Grower-\$25.00**

**Grower / Shipper- \$75.00**  
**Sales Agents / Allied Industry-\$100.00**

*Please Make Check Payable to the South Carolina Peach Council*

Cut Off the Following Form and Return Application and Payment to:

**South Carolina Peach Council**

**C.O. Julie Huffman**

**P.O. Box 11280**

**Columbia, SC 29211**

**CUT HERE**



Farm or Company Name \_\_\_\_\_

\* Member Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**E-mail** \_\_\_\_\_

\_\_\_\_ Researcher / Supporter

\_\_\_\_ Commercial Grower/Shipper

\_\_\_\_ Direct Market / Grower

\_\_\_\_ Sales Agents / Allied Industry

**\* Who with your organization would you add to our mailing list?**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_