SOUTH CAROLINA FAMILY AND COMMUNITY LEADERS

Individual Membership Application Form

I would like to join SCFCL as an Individual Member.

Have you ever been a FCL member before? Yes No
If yes, when ? _____ Where ? _____

Name _____

Address _____

City _____

State _____

Zip code _____

E-mail Address _____

Telephone ( ) _____

County _____

Signature _____ Date _____

Dues $4.00 per year (January – December)	$_____

Voluntary donations to:

Pennies for Friendship	$_____
Nickels for South Carolina Youth	$_____
Johnson-Walker Scholarship	$_____
Landrum-Layton Scholarship	$_____
Marion Baxter-Paul Scholarship	$_____
Ruth B Sayre Scholarship	$_____
Buff-Swicegood Travel Study Award	$_____
NVON	$_____
TOTAL amount enclosed	**$_____**

Make check payable to: **SCFCL** (South Carolina Family and Community Leaders)

Mail to: SCFCL Treasurer