



SCADA Office Use:
 MEMBER#: _____
 DB: _____
 EMAIL: _____
 MC: _____
 CVENT: _____

ASSOCIATE MEMBERSHIP APPLICATION

Please fill out the below information and return to Jordanne Rast via fax, 803.252.5965, or email, jrast@scada.org. Dues payment of \$1000 must accompany the application to be reviewed.

 BUSINESS NAME WEBSITE

 NAME OF **PRIMARY REPRESENTATIVE (included in membership fee)** TITLE

 ADDRESS: STREET P. O. BOX

 CITY STATE ZIP CODE

(____) _____ (____) _____
 TELEPHONE FAX E-MAIL ADDRESS

 NAME OF **ADDITIONAL REPRESENTATIVE (additional \$25 fee)** TITLE

 ADDRESS: STREET P. O. BOX

 CITY STATE ZIP CODE

(____) _____ (____) _____
 TELEPHONE FAX E-MAIL ADDRESS

PLEASE SUMMARIZE BRIEFLY THE NATURE OF YOUR BUSINESS AND ATTACH ANY LITERATURE AVAILABLE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HOW MANY SC DEALERS ARE CURRENTLY USING YOUR SERVICE(S)?

- 0-10 10-50 50-100 100+

DOES YOUR BUSINESS HAVE AN AUTO DEALER DIVISION? YES NO

REFERRED BY:

 DEALER NAME DEALERSHIP CITY

 SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

 PRINT NAME

MEMBERSHIP YEAR IS JULY 1 THROUGH JUNE 30
BUSINESS CHECKS ONLY
 526 Hampton Street | Columbia, South Carolina 29201 | (803) 252-0205