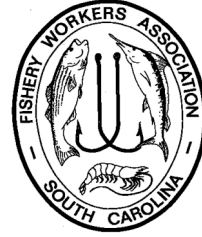


SCFWA Membership Form



Name (first, middle initial, last): _____

Address: _____

City, zip code: _____

Telephone number: _____

E-mail address: _____

Employer (not required): _____

Job title (not required): _____

\$ 5 annual dues included (make check out to SCFWA)

Mail to:
Pam Corwin
Secretary/Treasurer SCFWA
217 Fort Johnson Rd.
Charleston, SC 29422