



## Associate Member dues

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Business name: \_\_\_\_\_

Main contact: \_\_\_\_\_  
Full Name (example: William J. Smith, Jr.)   ☐ Mr.   ☐ Ms.   ☐ Dr.

Job title: \_\_\_\_\_

Unique identifier:   Birth month ☐☐   Birth day ☐☐   Last four of SS # ☐☐☐☐

*This combination of numbers is used as the individual's personal identification number to access online services, simplify event registration, and ensure proper recording of participation in Association training programs.*

Mailing address: \_\_\_\_\_  
☐ New                      Type:   ☐ Business   ☐ Home

City, state and zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_  
☐ New                      Type:   ☐ Business   ☐ Mobile

Email address: \_\_\_\_\_  
☐ New

## Payment

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Membership dues:                      \$300

Meeting Sponsorship:                      \$ \_\_\_\_\_

Golf Sponsorship (*increments of \$125*):                      \$ \_\_\_\_\_

### Payment method

☐ Check   ☐ MasterCard   ☐ VISA

If paying by credit card, please email this completed form to Kailin Bethel ([kbethel@masc.sc](mailto:kbethel@masc.sc)). She will process and email you a secure payment link for you to use to pay with a credit card.

Make checks payable to SC Association of Municipal Power Systems.

Mail payment and completed forms to  
SCAMPS ♦ PO Box 12220 ♦ Columbia, SC 29211

**Do not email credit card numbers.**

**Membership term: May 1, 2023 – April 30, 2024**