



**SOUTH CAROLINA CAPTIVE INSURANCE ASSOCIATION, INC.
2017 Membership Application**

Please fill out the form below with the contact information of the person that should be your company's primary contact to receive SCCIA communications and benefits. There are no limits on the number of employees that can be listed under a company membership so we ask that you list additional contacts and their email addresses in the additional space provided. Thank you for joining!

Name: _____ Title: _____
 Company: _____ Phone: _____
 Mailing Address: _____
 City, State, Zip: _____
 Membership Category:
 Service Provider (\$1500)
 Captive Insurance Company (\$750)
 Email: _____

Additional Contacts		
Name	Title	Email

Payment Authorized \$ _____

Form of Payment: Check Number _____ Visa _____ MC _____ AmEx _____

Credit Card # _____ Expiration Date _____

Signature _____ CVV _____

Please attach form and return with payment to the address below or email to awilson@capconsc.com.
 Checks should be made payable to SCCIA. Want more convenience? Join online at www.sccia.org!

Federal Tax I.D. # 57-1104208