



**SOUTH CAROLINA CAPTIVE INSURANCE ASSOCIATION, INC.
2019 Membership Notice**

The SCCIA is pleased to offer **one year of free membership** to you as a newly licensed South Carolina captive.

Please fill out the form below with the contact information of the person who should receive SCCIA communications and benefits. There are no limits on the number of employees that can be listed under a company membership. Thank you for joining!

Name: _____ Title: _____
Company: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Membership Category: **Captive**
Fax: _____ Type: _____
Email: _____

Annual Dues: *January 1, 2019 – December 31, 2019*

Your Dues through December 31, 2019.....Complimentary

Total Due \$ 0

Please complete and return to
awilson@capconsc.com or fax to 803.252.0589.