

South Carolina Low Country Mountaineers 2016-2017 Membership Form

Chapter Year: August 2016 – July 2017 - \$15.00 per year



RENEWAL – YES or NO (please circle one)

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email (please print clearly) _____

Total amount enclosed: \$ _____ * **Please Circle:** Check or Cash or Credit Card

Membership is **\$15.00 per person, per year*

**Please make checks payable to “Low Country Mountaineers”*

Mail to: Low Country Mountaineers, 300 Black Oak Blvd, Summerville, SC 29485

** Or join online at www.lowcountryyears.com*

Low Country Mountaineers Business Network (Optional)

List your business in our network directory so that our chapter members can support you!

This listing is FREE with your paid membership!!!

Chapter Member Name _____

Business Name: _____

Type of business (lawn service, chiropractor, etc): _____

Business Phone: _____ Business Email: _____

Business Address: _____

Business website: _____

Business Facebook page: _____

Business Twitter handle: _____

Special offer for chapter members (OPTIONAL): _____

