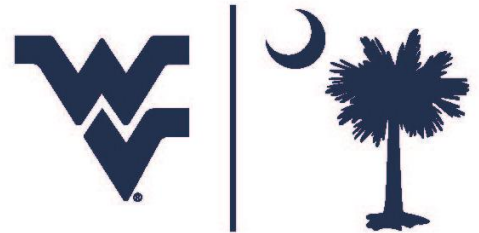


**South Carolina Low Country Mountaineers  
2017-2018 Membership Form**

*Chapter Year: August 2017 – July 2018*



**RENEWAL – YES or NO (please circle one)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email** (please print clearly) \_\_\_\_\_

**TYPE OF MEMBERSHIP (please check)**

\_\_\_\_\_ Annual (\$15.00 a year per person)      or      \_\_\_\_\_ Lifetime (\$100.00 per person)

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

*\*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.lowcountryeers.com](http://www.lowcountryeers.com)*

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**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*): \_\_\_\_\_