

**2025 APPLICATION FOR MEMBERSHIP**



\_\_\_\_\_ **New**

\_\_\_\_\_ **Renewal Date of Application** \_\_\_\_\_

**TYPE OF MEMBERSHIP**

\_\_\_\_\_ Individual - \$60.00    \_\_\_\_\_ Agency - \$600.00    \_\_\_\_\_ Individual Half Year - \$30.00 (New Members)

\_\_\_\_\_ Student/Faculty    \_\_\_\_\_ Lifetime Member    \_\_\_\_\_ Honorary    \_\_\_\_\_ Transitional

**If applying for Agency Membership, please attach a list (including all contact information) for individuals to be included with this membership. Maximum of 15 persons per agency membership for the \$600.00 fee; additional members may be added for \$20.00 each.**

Name of Applicant \_\_\_\_\_ *(Include Certifications)*

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_  
Applicant/Department Head Signature

Payment Type:

Credit Card \_\_\_\_\_

Check \_\_\_\_\_

**Remittance Address**  
**P.O. Box 149**  
**Graniteville, SC 29829**  
**Federal ID**  
**57-0661196**

<b>Lifetime Applicants Only</b>	
Number of Years Procurement Service	_____
Number of Years SCAGPO Member	_____
Retiring Organization	_____
Date of Retirement	_____
Date of Birth	_____

**SCAGPO Use Only:**

**Date Application Received** \_\_\_\_\_

**Date Payment Received** \_\_\_\_\_

Over 15 Members: (16) \$620 (17) \$640 (18) \$660 (19) \$680 (20) \$700 (21) \$720 (22) \$740 (23) \$760 (24) \$780 (25) \$800 (26) \$820 (27) \$840 (28) \$860 (29) \$880 (30) \$900