

2026 APPLICATION FOR MEMBERSHIP



_____ **New**

_____ **Renewal Date of Application** _____

TYPE OF MEMBERSHIP

_____ Individual - \$60.00 _____ Corporate/Agency - \$600.00 _____ 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

Lifetime Applicants Only	
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