



## South Carolina Association of Convenience Stores Membership Application

If you are interested in joining the association, please fill out the form below and fax back to SCACS Headquarters at 803-419-4295, or mail with payment to:  
**SCACS • Post Office Box 11405 • Columbia, SC 29211**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_

**Position** \_\_\_\_\_

**Email** \_\_\_\_\_

**Website** \_\_\_\_\_

### **Retail Members**

(C-Store Operators)

**Dues:** 1 store \$100.00  
2-5 stores \$250.00  
6-14 stores \$400.00  
15-24 stores \$600.00  
25+ stores \$750.00

Number of Stores \_\_\_\_\_

Number of Stores in SC \_\_\_\_\_

Number of Employees \_\_\_\_\_

### **Supplier Members**

(Supply Product or Service C-Stores)

**Dues:** \$500.00

Description of products or services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Payment Method**

**Amount:** \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (Visa, MC, Amex.) \_\_\_\_\_

CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Name on CC \_\_\_\_\_

Billing Address for CC \_\_\_\_\_

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

*For more information, call SCACS Headquarters at 803-419-0804  
or visit our website @ [www.scacs.org](http://www.scacs.org)*