



South Carolina Sports Turf Managers Association

www.scstma.org

Membership Form

Date: _____ Invoice # _____ Purchase Order # _____

Name: _____ E-Mail: _____

Company/Organization: _____ Phone: _____

Address: _____

- Please be sure to write your correct e-mail address in a clearly legible manner so that we may contact you about future events. Your e-mail address will not be used for any other purpose or redistributed to third parties. For multiple memberships please duplicate form.

Please circle one of the following

Option	Annual Benefits Include	Cost	Total
Professional Membership	Attendance and lunch at all SC events	\$30	
Commercial Membership	Attendance and lunch at all SC events (2 Members)	\$100	
Student Membership	Attendance and lunch at all SC events	\$15	
SCSTMA Polo Shirt	Size:	\$25	
SCSTMA Hat	Flex Fit Size: S/M L/XL	\$12.50	

Method of Payment:

Cash _____

Visa _____

Mastercard _____

Check _____

Checks are made payable to: SCSTMA

PO Box 161023

Boiling Springs, SC 29316

Questions may be addressed to Bruce Suddeth (864)503-5514 or BSuddeth@uscupstate.edu

Thank you for your interest in the SCSTMA and we look forward to serving you.

THIS WILL BE THE ONLY INVOICE YOU WILL RECEIVE