

SCBS Affiliate Membership form (affiliates can name one employee as a non-voting member to attend meetings and take classes.)

Yearly Dues: \$50.00

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Web Site URL: \_\_\_\_\_

**Owner** – Please check one of the following:

Yes, my address, e-mail, business phone number, may be published in the general SCBS member directory which is only shared with active members and affiliates.

No, do not publish any of my data other than my name in the general SCBS member directory

Note: The SCBS general member's directory is available to active members only. We do not sell or share your information outside of the Society. The SCBS Executive Board members do receive a full member listing for administration purposes.

**Employee** – Please check one of the following:

Yes, my address, e-mail, phone number, may be published in the general SCBS member directory which is only shared with active members and affiliates.

No, do not publish any of my data other than my name in the general SCBS member directory

Note: The SCBS general member's directory is available to active members only. We do not sell or share your information outside of the Society. The SCBS Executive Board members do receive a full member listing for administration purposes.

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Personal Phone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Facebook site: \_\_\_\_\_

**Employee Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Personal Phone#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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Admin purposes only      Date Rcvd: \_\_\_\_\_

Received by: \_\_\_\_\_

Check# & amt: \_\_\_\_\_ Cash amt: \_\_\_\_\_