



2016-2017 Membership Invoice

REGISTRANT INFORMATION:

NAME: _____

COMPANY: _____ POSITION/TITLE: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PROFILE INFORMATION:

- Are you a member of the International SFPE? (Please select one): **
 - Yes, my current grade is: Member Associate Other Member No.: _____
 - No, please e-mail me membership information. No, not currently interested.
- Professional designations [PE, EIT, NICET, CPCU, CSP, CFPS, EMT, etc.]: _____
- Are you interested in helping with a Chapter committee or special event? Yes Not at this time.

*** Per Chapter & National Bylaws, only National SFPE members (any grade) can be "Chapter Members." Others will be listed as "Chapter Affiliates."*

MEMBERSHIP TYPE (Select one):

- INDIVIDUAL MEMBER/AFFILIATE \$50.00
- INDIVIDUAL MEMBERSHIP W/PRE-PAID MEETINGS¹ \$250.00
- INDIVIDUAL MEMBERSHIP W/CORPORATE MEMBERSHIP² \$200.00

¹ This membership includes one individual annual membership *and* pre-payment for 9 monthly meetings for the price of 8.

² This membership includes one individual annual membership and one corporate membership website link from the chapter home page through the 2016-2017 membership year. (Please include two business cards with your payment).

****Luncheon Cost - \$25 for Chapter Member - \$35 for Non-Members - \$20 for AHJs****

PAYMENT INFORMATION:

TOTAL ENCLOSED: _____

CHECK NUMBER: _____

Please make checks payable to "Carolinas SFPE"

Mail Registration with payment to:

Carolinas SFPE c/o Jack Britton

3628 Country Pine Lane

York, SC 29745

*The Carolinas SFPE Chapter is a non-profit, all-volunteer, professional organization.
SFPE IRS tax-exempt ID is pending.*