

**South Carolina Low Country Mountaineers
2024-2025 Membership Form**

Chapter Year: August 2024 – July 2025



RENEWAL – YES or NO (please circle one)

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email (please print clearly) _____

TYPE OF MEMBERSHIP (please check)

_____ Annual (\$15.00 a year per person) or _____ Lifetime (\$100.00 per person)

Total amount enclosed: \$ _____ **Please Circle:** Check or Cash or Credit Card

**Please make checks payable to "SC Low Country Chapter"*

Mail to: Low Country Mountaineers, 1445 Scotts Creek Circle, Mt. Pleasant, SC 29464

**Or join online at www.lowcountryeers.com*

Low Country Mountaineers Business Network (Optional)

List your business in our network directory so that our chapter members can support you!

This listing is FREE with your paid membership!!!

Chapter Member Name _____

Business Name: _____

Type of business (attorney, lawn service, chiropractor, etc): _____

Business Phone: _____ Business Email: _____

Business Address: _____

Business website: _____

Business Facebook page: _____

Business Twitter handle: _____

Exclusive offer for chapter members (*optional*): _____