



2024 MEMBERSHIP APPLICATION

Business/Farm Name _____

FSA Farm Number _____

Contact Person _____

Business County _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

Website _____ Facebook _____

Active Memberships – What type of farming are you involved in? (Crops, animals, etc.)

MEMBERSHIP OPTIONS

2024 membership will be valid from date of receipt until December 31, 2024

ACTIVE | \$45

Agritourism farms / direct marketer's farm operation

(1st time active members will receive a metal agritourism liability warning sign with membership)

ASSOCIATE | \$45

Off-farm venues / nonprofits / non-farmers supporting SCAA Mission goals

CORPORATE | \$75

Business / agency / for-profit entity supporting SCAA Mission goals

**Please make check payable to the
South Carolina
Agritourism Association**

Mail check and membership form to:
Jackie Moore
SC Department of Agriculture
PO Box 11280
Columbia, SC 29211

Date Received _____

Check Amount _____

Check Number _____