



2026 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

2026 membership will be valid from date of receipt until December 31, 2026

- | | | |
|---|--|-------------|
| <input type="checkbox"/> ACTIVE | Agritourism Farms / Direct Marketer's Farm Operation | \$55 |
| <input type="checkbox"/> ASSOCIATE | Off-farm Venues / Nonprofits / Non-farmers supporting SCAA Mission goals | \$55 |
| <input type="checkbox"/> CORPORATE | Business / Agency / For-profit entity supporting SCAA Mission goals | \$75 |
| <input type="checkbox"/> DONATION | Charitable Giving Fund <i>Help SCAA members attend the annual conference during hardship</i> | _____ |
| <input type="checkbox"/> DONATION | College Scholarship Fund <i>Yearly scholarship for college students in agriculture</i> | _____ |

Check Total Amount _____

Make check payable to:

South Carolina Agritourism Association

Mail check and membership form to:

SC Department of Agriculture, Attn: Jackie Moore
PO Box 11280, Columbia, SC 29211