



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

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

Payment Total Amount _____

PAYMENT OPTIONS

Via Zelle
Send to 803-394-9831

OR

Make check payable to
South Carolina Agritourism Association

Email or mail membership form [and check] to:
SC Department of Agriculture, Attn: Jackie Moore
PO Box 11280, Columbia, SC 29211
agritourism@scda.sc.gov