

SCAFS Membership Form

Name _____

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Address _____

—

Telephone Number _____

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Email Address _____

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Employer _____

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Job Title _____

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- Annual Dues:
- \$10 included
 - I paid via Venmo @TreasurerSCAFS
 - I pay via the Parent Society

Mail to:

SCAFS
c/o Dani Carty,
SC AFS Treasurer
217 Fort Johnson Dr.
Charleston, SC 29412