

Smoke-Free Lowcountry Coalition Membership Application

Date: _____

Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (HM): _____ (WK): _____ (Fax): _____

E-mail Address _____

Amount Enclosed: \$ _____

Please Check:

- _____ Individual Membership (\$10.00)
- _____ Non-Profit Organization & Schools (\$30.00)
- _____ Small For-Profit Organizations – 1 to 25 employees (\$50.00)
- _____ Large For-Profit Organizations – 26+ Employees (\$100.00)
- _____ Students K-12 (Free)
- _____ Donation – Specify amount - \$ _____
- _____ I am interested in volunteering

Website: <http://www.smokefreelowcountry.org>

E-Mail: smokefreelowcountry@yahoo.com

Make check payable and mail to:

**Smoke-Free Lowcountry Coalition
P.O. Box 3174
Summerville, SC 29484-3174**