SCAMWMW LIFETIME MEMBERSHIP FORM

MEMEBER INFORMATION

Name: _____

Address: _____

Phone: _____

_____

Email: _____

Alliance: _____

President: _____

PAYMENTS MAY BE MADE IN $25 INCREMENTS OR OF YOUR CHOOSING

YOUR COMMEMORATIVE MEMBERSHIP PIN WILL BE PRESENTED TO YOU AFTER COMPLETION OF YOUR PAYMENT.

Amount Enclosed- Balanced Due	Amount Paid- check# or cash	Date Received	Recorded by

Send forms and payments to:

Mrs. Wandalyn K. Griffin
5364 Greyton Circle
North Augusta, SC 29860
griffinwandalyn4@gmail.com
Phone: (843) 469-2892

Make all checks payable to SCAMWMW

MRS. WANDALYN K. GRIFFIN, CHAIR
MRS. DOROTHY MCDOWELL, CO-CHAIR
MRS. TERESA L. THURMOND, PRESIDENT