

South Carolina Asthma Alliance

Membership form:

If you would like to become involved in the SCAA, please fill out the information below and mail or fax it back to us. Someone will contact you to discuss all the ways to get involved.

Last Name First Name Credentials

Address

City State Zip

(H) Phone (W) Phone

Fax

E-mail Address

Place of Employment

Contributions: There are currently no dues for membership. We would greatly appreciate a gift to the alliance to assist with management and opportunities for programming.

Contribution: \$_____

***Please contact us if you want your contribution applied toward a specific area. **SCAA is a 501c) (3) non-profit organization and contributions are tax deductible. Your contribution is greatly appreciated and you will receive a receipt for tax purposes.**

Please make checks payable to the SCAA. We also accept Visa and MasterCard.

Name on Card Exp Date

Card Number

Cardholder's Signature

Mail to:
SCAA
PO Box 4484
Greenville, SC 29608

Secure Fax: (864) 751-1614

Email to:
admin@scasthmaalliance.org