



Membership Form

One per applicant please.

Name: _____ Birthdate: Month _____ Day _____

Mailing Address _____

All Guild Correspondences will be sent to this address

Name of Business/Employer (Optional) _____ Occupation: _____

Business Address _____

(If different from mailing-optional)

Home Phone _____ Work Phone _____ Other Phone _____

Email Address _____ Anniversary: _____

Partner's Name (optional) _____ Partner's Birthdate: Month _____ Day _____

Partner's email address _____

How do you prefer we notify you of upcoming events? Email mail phone

I am interested in volunteering in the following areas: Membership Programming Outreach & Community Service
 Social Business Development Advertising & Marketing

Membership Investment

Please check one

Individual Membership

- \$50 Individual Member
- \$30 Partner of Individual Member
- \$20 Volunteer or Student
- \$50 - \$249 Individual GUILD Patron
- \$250+ Individual GUILD Benefactor

Corporate Membership

Annual Contributions

- \$1000 Platinum Corporate Member
- \$750 Gold Corporate Member
- \$350 Silver Corporate Member
- \$150 Bronze Corporate Member

Member-to-Member Discount

Are you a corporate member or an individual member who owns a business? Please let us know what "Special Discounts" you are willing to offer Guild members. To keep value and importance, please be sure the discount offered is unique for Guild members.

Business Name: _____

Discount Offered: _____

Method of Payment Name as it appears on the card: _____

Cash Billing Address _____

Check _____

Card Number _____

Visa MasterCard Expiration Date (month/year) ____ / ____ CCV _____

Privacy Agreement

Please check one and sign below

- You may use my name, and/or work affiliation with The Guild's newsletter, Outlook, on The Guild's website and any other publication(s) of the Guild. The Guild cannot guarantee confidentiality once these vehicles are distributed.
- Please keep my name, photo and work affiliation CONFIDENTIAL. DO NOT LIST in any publication.

As a member of The Guild, I agree to respect the policy of confidentiality.



Signature _____

Date _____

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