

SCIPMA-HR Membership and Registration Form 2017

Name of Member: _____

Organization: _____

Address: _____

Business Number: _____

***E-mail Address:** _____

* I understand that SCIPMA may occasionally share my information with National IPMA and other organizations that have pertinent HR information.

☐ I agree

☐ Please do not share my information

Cost: SCIPMA Membership Fee: \$45

***Discount!!!!* Two (2) Memberships for \$80 (Agency Only)**

Payment Enclosed_____ **Agency/Organization Check to follow**_____

Mail registration form and payment to:

**Tracy Watford
SC Secretary of State
1205 Pendleton Street, Ste. 525
Columbia, SC 29201**

FEIN# 57-0856641

*****Attention Accounts Payable:** Each year, a new Secretary/Treasurer is chosen for the SCIPMA Chapter. Please update your records with the current contact information.