

# AFS membership form

Name (first, middle initial, last): \_\_\_\_\_

Address: \_\_\_\_\_

City, zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer (not required): \_\_\_\_\_

Job title (not required): \_\_\_\_\_

Member of the parent organization  yes  no

If yes, member number: \_\_\_\_\_

\$ 5 annual dues included (make check out to SC-AFS)

I pay through parent organization

Mail to:  
Elizabeth Osier  
Secretary/Treasurer SC-AFS  
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Charleston, SC 29412