



P.O. Box 1816 Folly Beach, SC 29439

2023 Membership Application

Date: _____

Business Name: _____

Description of Business: _____

Owner or Representative: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Business Phone: _____

Mobile Phone: _____

Can we share your contact information with other members? Y N

You may email this application to **secretary4FAB@gmail.com** or mail it to PO Box 1816 on Folly. Our annual dues are \$100. You can provide credit card information on this application or send a check along with the application to the PO Box.
OR just bring it all to our next meeting!!

Credit Card # _____ Exp Date: _____

3-Digit Code _____ Billing Zip _____

ADMIN INFO: Dues: \$100.00

Paid: Y N Cash Check Credit Card