



THE
SOUTH CAROLINA
Society
OF CERTIFIED PUBLIC MANAGERS

Post Office Box 50938
Columbia, South Carolina 29250

SCSCPM MEMBERSHIP APPLICATION

Application Information

Name:	Agency & Position Title:	
Address:	City and State:	Zip Code:
Email Address:	Phone:	Fax:

Type of Membership

Fellow (CPM Graduate -Year: ____)
Includes membership in the American
Academy of Certified Public Managers

\$45

Please return this application and your check
made payable to SCSCPM, Inc. to:

Friend of the Society/Associate
(CPM Candidate)

\$35

SCSCPM Treasurer
PO Box 50938
Columbia, SC 29250
SCSCPM Federal ID No. 58-2409321

Questions? Contact Dene D. Dupre at (803) 734-7297

Sign me up to serve on the following Committee(s):

- | | |
|---|---|
| <input type="checkbox"/> Administrative (Finance, Budget, Audit) | <input type="checkbox"/> Golf |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Legislative Liaison |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Events | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Networking | |

Professional Credentials & Biography (or Job Responsibilities):

Include my name and bio in the Society's membership directory.

Please check the box above if you would like your name and biography information included in the SCSCPM Membership Directory. The directory is available to all SCSCPM members as a courtesy and networking tool.