



SOUTH CAROLINA CAPTIVE INSURANCE ASSOCIATION, INC. Membership Application

Please fill out the form below with the contact information of the person that should be your company's primary contact to receive SCCIA communications and benefits. There are no limits on the number of employees that can be listed under a company membership so we ask that you list additional contacts and their email addresses in the additional space provided.

Name:	Title:
Company:	Phone:
Mailing Address:	
City, State, Zip:	

Membership Category:

- ☐ Service Provider (\$1500)
☐ Captive Insurance Company (\$750)
First-time SC licensed Captive/RRG Owners receive first year of dues waived.

Email: _____

Additional Contacts		
Name	Title	Email

Annual Dues: Based on Dues Structure January 1 – December 31

Payment Authorized \$ _____

Form of Payment: Check Number _____ Visa _____ MC _____ AmEx _____

Credit Card # _____ Expiration Date _____

Signature _____ CVV _____

Please attach form and return with payment to the address below or email to awilson@capconsc.com.
Checks should be made payable to SCCIA. Want more convenience? Join online at www.sccia.org!

Federal Tax I.D. # 57-1104208

P.O. Box 1763 • COLUMBIA, SOUTH CAROLINA 29202 • PHONE: (855) CAPTIVE • FAX: (803) 252-0589 • WWW.SCCIA.ORG