

# South Carolina Insurance Fraud Investigators, Inc.

Post Office Box 674, Columbia, S.C. 29202



## Membership Renewal

All members wishing to continue membership in SCIFI must complete and return this renewal form by April 1st, along with a \$20.00 annual membership fee. MAKE CHECKS PAYABLE TO SCIFI AND RETURN WITH THIS FORM TO THE ADDRESS LISTED ABOVE.

**LAW ENFORCEMENT, FIRE SERVICE, AND EMERGENCY PERSONNEL are EXEMPT from the renewal fee but MUST complete and return this form by the specified date.**

PLEASE COMPLETE ALL INFORMATION

Member #	Last Name	First Name	MI
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Company or Agency	
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Position / Title	
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Mailing Address	Please indicate if the is <input type="checkbox"/> Business or <input type="checkbox"/> Home address
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City	State	Zip Code
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Business Phone	Other you would like included: <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Fax #	
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Email	
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Can we include your Name, Agency, Title, and Business Phone in our secured members only section on the SCIFI Web Site ?  Yes  No

**PLEASE NOTE OUR NEW WEB ADDRESS: [www.sc-ifi.org](http://www.sc-ifi.org)**

**SCIFI**