

"Guiding Excellence in Everyone's Education"



**MEMBERSHIP  
FORM**

Name: (Mrs., Ms., Dr., Mr.) (please circle)		Title/Position
School/District/College/University/Organization/Business:		
Mailing Address: [ ] Home [ ] Office		
City:	State:	Zip:
Phone:	Fax:	
Email: (Required)		
Amount Submitted: \$	(Please include multiple Membership Forms if several memberships are purchased.)	

**SCCAAS**  
**P.O. Box 7774**  
**Columbia, SC 29202**

mycouncil@sccaas.org  
www.sccaas.org

- Please check one:**
- Business Membership – \$200**
  - Non-Profit Membership – \$100**
  - Individual Membership(s) – \$20/pp**
  - Student Membership(s) – \$10/pp (full-time college or high school only)**

For Office Use Only

Date Rec'd \_\_\_\_\_

Amt Rec'd \_\_\_\_\_

Check # \_\_\_\_\_

Amt \_\_\_\_\_

Confirm mailed \_\_\_\_\_