

SCCTM INDIVIDUAL MEMBERSHIP FORM

NAME: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

PHONE: (_____) _____ [] HOME, [] CELL, [] SCHOOL or [] WORK

SCHOOL: _____ COUNTY: _____

REG CNTR: [] AOP-Gv [] CentralSavannah [] Lowcountry [] MIMS
[] NorCent [] Coastal-PD [] UpState [] UpperSavannah

E-MAIL: _____

Alternate E-MAIL: _____

CHECK LEVEL(S) OF INTEREST: [] Primary [] Elementary [] Middle/Jr. High [] Secondary [] College

CHECK MEMBERSHIP TYPE: [] NEW [] REJOIN or [] RENEWAL (MEMBERSHIP# _____)

AMT PD: *Regular Membership:* [] \$40 (3 years) or [] \$15 (1 year)
Student/Retired: [] \$25 (3 years) or [] \$10 (1 year)
Life: [] \$315

CONTRIBUTIONS: [] Scholarship Fund (\$_____) [] All-State Math Team Fund(\$_____)

TOTAL PAID: \$_____ Make check payable to: **SCCTM**

MAIL TO:

SCCTM
PO Box 31911
Charleston, SC 29417-1911