

# 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:* [ ] \$50 (5 years) or [ ] \$40 (3 years)  
[ ] \$15 (1 year)

[ ] *Student* or [ ] *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

