South Carolina Association for Career and Technical Education
Membership Application

For more information concerning membership:

SCACTE Membership Application contact
RAY BOLAND – EXECUTIVE DIRECTOR
PHONE/FAX: 803-781-1176
E-MAIL - BOLAND@SCACTE.INFO

Mail Application and Dues to:

SCACTE Membership Processing
PO Box 8143
Columbia SC 29202-8143
Website: WWW.SCACTE.ORG

Name: ___________________________ New Member* ______ Renewal ______ Rejoining* ______

Home Address: __________________ City: ___________ State: ________ Zip: ________

Home Phone: ________________ Work Phone: ________________ Home E-Mail: ________________

Work Phone: __________________ Work E-Mail: __________________ Workplace: ________________

Position: _______________________

Work Address: __________________ City: ___________ State: ________ Zip: ________

County or District: __________________

*New Member or Rejoining (expired) Member SCACTE expiration dates are set as the last day of the month on which your dues were received.

<table>
<thead>
<tr>
<th>ACTE (National) Annual Dues</th>
<th>SCACTE (State) Annual Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>$80 Affiliated Member</td>
<td>$65* Affiliated Member</td>
</tr>
<tr>
<td>$31 Retired Member</td>
<td>(not working and does not include insurance)</td>
</tr>
<tr>
<td>$0 Student Member</td>
<td>(does not include insurance)</td>
</tr>
</tbody>
</table>

Primary Division is Included, Associate Divisions are $10.00 Each

ACTE National DUES .................................................. $________
SCACTE State DUES .................................................. $________
Primary Division DUES ...........................................$________
Associate State DUES ____ AT $5.00 = ....................... $________
Associate National Division DUES ____ AT $10.00 = .... $________

Total Dues: $________

NOTE: A$3.00 Processing Fee will be added for ALL Credit Card Transactions

METHOD OF PAYMENT:

☐ Check Enclosed ☐ PayPal to Boland@scacte.info
☐ Credit Card (Check One) ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card # ________________ CVV ______ Exp ______ / ____ Signature ______

NOTE: If you pay with Credit Card or PayPal, form can be faxed to 803-781-1176