

South Carolina Association for Career and Technical Education Membership Application

Recruited By: _____

For more information concerning membership:

Mail Application and Dues to:

SCACTE Membership Application contact
Brenda Baldwin – Executive Director
PHONE: 803.429.4116
E-MAIL – SCACTE.org@gmail.com



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

Name: _____ New Member* _____ Renewal _____ Rejoining* _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Home E-Mail _____ 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.*

ACTE (National) Annual Dues

_____ \$80 Affiliated Member _____ \$31 Retired Member _____ \$0 Student Member
Primary Division is Included, Associate Divisions are \$10.00 Each

SCACTE (State) Annual Dues

_____ \$65* Affiliated Member _____ \$20 Retired Member _____ \$0 Student Member
 *Includes \$1 million liability insurance (not working and does not include insurance) (does not include insurance)

SCACTE Membership REQUIRED before joining any division
 Choose ONE Primary Division - Additional Associate Division Dues are \$5.00 Each

<p>SCCTEA Administration _____ Must be a member of SCASA</p> <p>SCAAE Agricultural Educators _____ \$100.00 Primary (includes membership in NAAE) _____ \$10.00 AG Ed Magazine _____ \$5.00 Associate _____ \$ 10.00 Retired</p> <p>SCBEA Business Education _____ \$20.00 Primary _____ \$5.00 Associate _____ \$5.00 Retired</p> <p>SCEITEA Engineering & Industrial Technical Education _____ \$10.00 Primary _____ \$5.00 Associate</p>	<p>SCATFACS Family & Consumer Science _____ \$12.00 Primary _____ \$5.00 Associate _____ \$9.00 Retired</p> <p>SCCDP Career Development Professionals _____ \$10.00 Primary _____ \$5.00 Associate</p> <p>SCHSE Health Science Education _____ \$10.00 Primary _____ \$5.00 Associate</p> <p>MEASC Marketing Education _____ \$10.00 Primary _____ \$5.00 Associate</p> <p>SCSN Special Needs _____ \$5.00 Primary _____ \$5.00 Associate</p> <p>New & Related _____ \$5.00 Primary _____ \$5.00 Associate</p>
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ACTE NATIONAL DUES	\$ _____
SCACTE STATE DUES	\$ _____
PRIMARY DIVISION DUES	\$ _____
ASSOCIATE STATE DUES _____ AT \$5.00 =	\$ _____
ASSOCIATE NATIONAL DIVISION DUES _____ AT \$10.00 =	\$ _____

METHOD OF PAYMENT:

Check Enclosed PayPal to Boland@scacte.info Processing Fee \$ _____

Credit Card (Check One) Visa Master Card American Express Discover Total Dues: \$ _____

Credit Card # _____ CVV _____ Exp ____ / ____ Signature _____

NOTE
 A\$4.00
 Processing
 Fee will be
 added for ALL
 Credit Card
 Transactions

NOTE: If you pay with Credit Card or PayPal, form can be emailed to the above email address.