

MEMBERSHIP APPLICATION

Name: _____
 Circle One: Mr. Mrs. Ms. Dr.
 Current Position _____
 Mailing Address: _____
 Telephone: _____
 District: _____
 School/Organization: _____
 E-mail addresses: _____
 (work) _____
 (personal) _____
Membership Fee
 _____ \$40 Active (full-time educator)
 _____ \$40 Affiliate
 _____ \$25 Retired (retired from education service)
 _____ \$15 Student (high school/college - cannot be employed in a district)
 Referred by: _____

Membership is valid from January 1 thru December 31

Mail to: SCABSE
 PO Box 11737
 Columbia, SC 29211

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*South Carolina Alliance
 of
 Black School Educators*



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