

South Carolina Adaptive Sports Association (SCASA-USA)

Please fill out completely

Membership Dues \$30 per adult (18 and up), Junior \$15, Family (2 adults and 2 children) \$50, Lifetime Membership \$250

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

1. How would you prefer to be contacted:

Letter Phone Call Text

2. What accommodations are required for your participation: i.e.

Interpreter (If yes, What Language _____)

Alternate Communication Format _____

3. What is your preferred method of payment:

Cash Check Credit Card Electronic Payment

EMERGENCY CONTACT INFORMATION

NAME: _____ **RELATIONSHIP:** _____

PHONE: _____

Is there any other medical information you would like to disclose? _____

Date: _____

Applicant's Signature: _____