

South Carolina State Cosmetology Association

Membership Application

Print Please!

Name _____

Address _____

License Type _____ **License #** _____

Home# _____ **Work#** _____ **Cell#** _____

Check or Money Order # _____ **Amt.** _____

Mail to:

Dr. Cindy Collins SCSCA President

409 Smokey Joe Ct.

Lexington, SC 29073

Make Check or Money Order payable to SCSCA if not paying on line

The Amount depends on the region's dues amount. If there is no region in the area you live in, the dues amount is \$100.00