



SCCTM INDIVIDUAL MEMBERSHIP FORM

NAME: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

PHONE: (_____) _____ [] HOME, [] SCHOOL, or [] WORK

SCHOOL: _____

HUB: AOP BCO BD CH CSV GV LC MIMS NC PD UPST USV WAC

EMPLOYMENT COUNTY: _____ E-MAIL: _____

CHECK LEVEL(S) OF INTEREST: [] Primary [] Elementary [] Middle/Jr. High
[] Secondary [] College

CHECK MEMBERSHIP TYPE: [] NEW [] REJOIN or [] RENEWAL (MEMBERSHIP# _____)

DUES: [] Reg \$30 (3 years) [] Reg \$12 [] Student \$5 [] Retired \$5
[] Life \$252

CONTRIBUTIONS: [] Scholarship (\$_____) [] All-State Math Team (\$_____)

TOTAL PAID: \$ _____ Make check payable to: **SCCTM**

MAIL TO:

SCCTM
PO Box 31911
Charleston, SC 29417-1911