



SCCTM INSTITUTIONAL MEMBERSHIP FORM

SCHOOL: _____

POSITION: _____

ADDRESS: _____

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

PHONE: (_____) _____

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

COUNTY: _____

CHECK LEVEL: Primary Elementary Middle/Jr. High Secondary College

CHECK MEMBERSHIP TYPE: NEW REJOIN or RENEWAL

DUES:

Primary/Elementary: \$60 (1 year) or \$150 (3 years)

Middle/Secondary/College: \$36 (1 year) or \$90 (3 years)

TOTAL PAID: \$ _____

Make check payable to: SCCTM

MAIL TO: SCCTM
PO Box 31911
Charleston, SC 29417-1911