SCSEA OFFICE USE ONLY
Male _____ Female _____
County _____ Amt $ _____
Agency _____ Date Recd _____

Mail Completed Form To:
SCSEA
P.O. Box 8447
Columbia, SC 29202-8447

WHERE MEMBERSHIP COUNTS!
THE SCSEA
www.scsea.com

Special Offer

New Membership Enrollment

1st Year Agreement

Name

Email Address

Street Address

City/State/Zip

SSN **Cell Phone**

State Agency:_____

Recruited by: _____

(Take 50% off regular dues schedule)

PAYROLL DEDUCTION (Active Employees)
I hereby authorize my employer to withhold from my paycheck $_____ semi-monthly.

Signature _____
Date _____

RETIREMENT SYSTEM DEDUCTION
I hereby authorize the Retirement System to withhold from my retirement income $_____ monthly.

Signature _____
Date _____

Renewal Agreement

Name

Email Address

Street Address

City/State/Zip

SSN **Cell Phone**

State Agency:_____

Recruited by: _____

(Use Normal Dues Schedule)

PAYROLL DEDUCTION (Active Employees)
I hereby authorize my employer to withhold from my paycheck $_____ semi-monthly.

Signature _____
Date _____

RETIREMENT SYSTEM DEDUCTION
I hereby authorize the Retirement System to withhold from my retirement income $_____ monthly.

Signature _____
Date _____

DUES SCHEDULE

Annual Income:	Semi-Monthly	Monthly	Annual
To $35,000	$2.50	$5.00	$60.00
Over $35,000	$5.00	$10.00	$120.00
Associate Member			$60.00

If you wish to pay the total amount of annual dues, include your check, cash, or money order. OR

VISA/MASTERCARD PAYMENT

Charge $ _____ **Account #** _____

Expiration Date _____

Signature _____

Thank you for becoming a part of a movement to protect OUR pay and benefits!