

**South Carolina State Employees Association
Membership Application**

Strength in Numbers!

Pay increases
 Health, dental, life insurance for employees and retirees
 Annual and sick leave
 Retiree increases
 Deferred compensation
 Payroll deduction of your SCSEA dues
 Grievance assistance
 Retirement benefits
 And many others!



If you value these benefits, then you value the South Carolina State Employees Association which lobbied for them for you. The Association's full-time staff works for all of us by lobbying for our needs with the General Assembly. Join a group with an outstanding record and help improve the score!

Please print or write plainly

Mr. _____
 Mrs. _____
 Ms. _____ Name _____

Address _____

City _____ State _____ Zip+Four _____

Social Security # _____ State Agency _____

New member _____ Renewal _____ Complete, if known: I live in S. C. State Senate District # _____
 S. C. State House District # _____

Payroll Deduction

I hereby authorize my employer to withhold from my paycheck \$ _____ sem-monthly.

Signature _____
 Date _____

If you wish to pay the total amount of annual dues, include your check, cash, or money order. OR complete the Visa/Mastercard section below.
 When paying by Visa/Mastercard, disregard the Payroll Deduction section.

Visa/Mastercard

Charge \$ _____ to my Visa/Mastercard Account :
 # _____
 Credit card expiration date _____
 Signature _____

*Associate members may pay only by cash, check, or credit card.

Recruited by: _____

Dues Schedule

	Per Semi-Monthly Pay Period	Annual Dues
Annual Income:		
To \$35,000	\$2.50	\$ 60.00
Over \$35,000	\$5.00	\$120.00
Associate Member		\$ 60.00

South Carolina State Employees Association
 Telephone: 765-0680 Toll free: 1-877-882-4025
 Fax: 1-803-779-6558 E-mail: SCSEA@scsea.com
 Mail completed form to:
 SCSEA, P. O. Box 8447, Columbia SC 29202-8447

SCSEA Office Use Only

Male _____ Female _____
 County _____ Amt \$ _____
 Agency _____ Date Rec'd _____