

South Carolina State Employees Association - SCSEA

Membership Enrollment Form

Mail Completed Form To:

SCSEA P.O. Box 8447

Columbia, SC 29202-8447

Other Enrollment Options:

On-Line: www.scsea.com

Email: cwashington@scsea.com

Phone: (803)765-0680

Check One:	Check One:		
Active Employee Retiree Associate	New Member Renewal		

TOGETHER WE DO MORE

Name	a:				
	(First)	(MI)		(Last)	
Email	l:				
				Cell Phone: () Area Code ### - #	###
Stree	et Address:			County:	
City:	City:		State:	Zip Code:	
Maili	ng Address: (If Different)				
City:			State:	Zip Code:	
Socia	l Security Number:			DOB:	
State	Agency:		Recruited By:		
		Membersh	nip Dues Schedule		
		Per Pay Period	Monthly	Annual	
	Annual Income Less Than \$35,000	\$2.50	\$ 5.00	\$ 60.00	
	Annual Income Greater Than \$35,000	\$5.00	\$10.00	\$120.00	
	Associate Member			\$ 60.00	
Active Visit: *If you	https://sceisauth.sc.g u need assistance with login, please	ekly payroll deductions thro cov/vpn/tmindex.html contact your Human Resource	ough the South Carolina Select Deduction Optio Department Administrato	a Enterprise Information System (SCEIS). on: 2208-SC State Employee or.*	
				y Deduction Amount/Signature/Date Requir	
I here	eby authorize the SC PEBA (SC F	Retirement Systems) to wit	thhold \$(per month) from my retirement pensio	on.
Signa	ture			Date	
Credi For yo	it Card Payments our convenience, annual membe k or Money Order	ership dues can be paid by	debit or credit card on-		
	your completed enrollment forr Box 8447, Columbia, SC 29202.	n and check or money orde	er made payable to "SC !	State Employees Association" to the SC	SEA