

South Carolina Association for Career and Technical Education Membership Application

For more information concerning membership:

Mail Application and Dues to:

SCACTE Membership Application contact
RAY BOLAND – EXECUTIVE DIRECTOR
 PHONE/FAX: 803-781-1176
 E-MAIL **BOLAND@SCACTE.INFO**



SCACTE Membership Processing
 PO Box 8143
 Columbia SC 29202-8143

Website: **WWW.SCACTE.ORG**

Name: _____ New Member* _____ Renewal _____ Rejoining* _____
 Home Address _____ City: _____ State: _____ Zip: _____
 Home Ph.: _____ Work Ph: _____ Work Fax: _____
 Home E-Mail _____ Work E-Mail _____
 Workplace: _____ Position _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 County or District _____ Signature _____ Date _____

**New Member or Rejoining (expired) Member SCACTE expiration dates are set as the last day of the month on which your dues were received.*

SCACTE (State) Annual Dues

\$65* Affiliated Member
 \$20 Retired Member
 \$0 Student Member

*Includes \$1 million liability insurance

SCACTE Membership REQUIRED before joining any division

Choose ONE Primary Division - Additional Associate Division Dues are \$5.00 Each

SCCTEA Administration

_____ **Must be a member of SCASA**

SCAAE Agricultural Educators

_____ **\$100.00 Primary (includes membership in NAAE)**
 _____ **\$10.00 AG Ed Magazine**
 _____ **\$5.00 Associate** _____ **\$ 10.00 Retired**

SCBEA Business Education

_____ **\$15.00 Primary** _____ **\$5.00 Associate**
 _____ **\$5.00 Retired**

SCATFACS Family & Consumer Science

_____ **\$12.00 Primary** _____ **\$5.00 Associate**
 _____ **\$9.00 Retired**

SCCGPA Guidance & Placement

_____ **\$10.00 Primary** _____ **\$5.00 Associate**

SCHSE Health Science Education

_____ **\$10.00 Primary** _____ **\$5.00 Associate**

SCTEA Technology Education

_____ **\$10.00 Primary** _____ **\$5.00 Associate**

MEASC Marketing Education

_____ **\$10.00 Primary** _____ **\$5.00 Associate**

SCSN Special Needs

_____ **\$5.00 Primary** _____ **\$5.00 Associate**

SCEITE Engineering & Industrial Technical Education

_____ **\$10.00 Primary** _____ **\$5.00 Associate**

New & Related

_____ **\$5.00 Primary** _____ **\$5.00 Associate**

ACTE (National) Annual Dues

\$80 Affiliated Member
 \$31 Retired Member
 \$0 Student Member

SCACTE DUES.....\$ _____
 PRIMARY DIVISION DUES.....\$ _____
 ADDITIONAL DIVISION DUES _____ AT \$5.00 =.....\$ _____
 ACTE NATIONAL DUES.....\$ _____

METHOD OF PAYMENT: _____ **Total Dues:** **\$ _____**

Check Enclosed **PayPal** to Boland@SCACTE.info

Credit Card (Check One) Visa Master Card American Express Discover

NOTE: a \$3.00 processing fee will be added to ALL Credit Card Transactions

Credit Card # _____ CVN _____ Exp ____/____ Signature _____

NOTE: If you pay with Credit Card or PayPal, form can be faxed to 803-781-1176

Recruited By: _____