

South Carolina Association for Career and Technical Education Membership Application

For more information concerning membership:

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



Mail Application and Dues to:

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 Phone _____ Work Phone _____
 Home E-Mail _____ Work E-Mail _____
 Workplace: _____ Position _____
 Work Address: _____ City: _____ State: _____ Zip: _____
 County or District _____

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

ACTE (National) Annual Dues

_____ \$80 Affiliated Member _____ \$31 Retired Member _____ \$0 Student Member
Primary Division is Included, Associate Divisions are \$10.00 Each

SCACTE (State) Annual Dues

_____ \$65* Affiliated Member _____ \$20 Retired Member _____ \$0 Student Member
 *Includes \$1 million liability insurance (not working and does not include insurance) (does not include 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

_____ \$20.00 Primary _____ \$5.00 Associate
 _____ \$5.00 Retired

SCEITEA Engineering & Industrial Technical Education

_____ \$10.00 Primary _____ \$5.00 Associate

SCATFACS Family & Consumer Science

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

SCCGPA Career Guidance & Placement

_____ \$10.00 Primary _____ \$5.00 Associate

SCHSE Health Science 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

New & Related

_____ \$5.00 Primary _____ \$5.00 Associate

ACTE NATIONAL DUES.....\$ _____
 SCACTE STATE DUES.....\$ _____
 PRIMARY DIVISION DUES.....\$ _____
 ASSOCIATE STATE DUES _____ AT \$5.00 =.....\$ _____
 ASSOCIATE NATIONAL DIVISION DUES _____ AT \$10.00 =.....\$ _____

METHOD OF PAYMENT:

Check Enclosed PayPal to Boland@SCACTE.info
 Credit Card (Check One) Visa Master Card American Express Discover

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

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

NOTE
 A\$3.00
 Processing
 Fee will be
 added for ALL
 Credit Card
 Transactions

Recruited By: _____