



## SCDTSEA MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Home Street \_\_\_\_\_

Address: City      State   Zip      County

Personal Phone Number: \_\_\_\_\_

Home Email: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Street Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

If just paying the \$30 membership, mail this form to Sherry Bachmann.

If not joining, but attending the conference, there is a \$40 fee.

**MAKE SAFETY FIRST AND MAKE IT LAST!**