



## SCDTSEA Membership Application

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make out a \$30 membership check to SCDTSEA

**Mail to:**

*Ms. Sherry Bachmann, SCDTSEA Acting Treasurer*

*18 Zelma Drive*

*Greenville, SC 29617*

Phone: (864) 561-3355 · Email: [preciouscargo2018@gmail.com](mailto:preciouscargo2018@gmail.com)

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