



# SOUTH CAROLINA DRIVER & TRAFFIC SAFETY EDUCATION ASSOCIATION

## Membership Application

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

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

School/Organ. Address: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_

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

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

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

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

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SCDTSEA Treasurer

Dr. Harry Stille

9 Dogwood Drive

Due West, SC 29639-0203

864.379.3080

[hrstille@hotmail.com](mailto:hrstille@hotmail.com)

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