

***SOUTH CAROLINA DRIVER & TRAFFIC
SAFETY EDUCATION ASSOCIATION***

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 \$20 membership check to SCDTSEA

Mail to: Dr. Harry Stille, SCDTSEA Treasurer
P. O. Box 203
Due West, SC 29639-0203

Phone 864.379.3080 or Email hstille@erskine.edu

FEEL FREE TO COPY AND SHARE WITH OTHERS!