

Member Information Sheet

Membership Sta	atus (please check one)	
Individual	\$75	
Student	\$25	
Affiliate		
Program	\$300	
For Individual a phone number of	and Student Members, please submit any address or changes below:	
Affiliate and Pr	ogram Members, please complete the following:	
Agency Name_		
Director/Superv	visor	
Contact Person		
Agency Address	S	

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Phone Number	
Hotline Number	
Fax Number	
Contact Email	
Agency Website	
Agency Mission and/or Purpose:	
Do you wish to have your information on our website and/or newsletter?	

Please Fax or Mail form to: SCCADVASA PO Box 7776 Columbia, SC 29202 803-256-1030

Attn: Rebecca Williams