



SCECA MEMBERSHIP FORM

South Carolina Early Childhood Association

An Affiliate of the SOUTHERN EARLY CHILDHOOD ASSOCIATION

Dues Options: Please choose one and check your choice.



Full Member: \$50/year _____	Group Membership for Centers/Schools: \$50/year/person _____ Use Center/School address on the application
Student Member: (Must be taking at least 6 hrs.) \$25/ year _____ College _____ ID #: _____	

PLEASE TYPE OR WRITE LEGIBLY:

Name _____
Mailing Address _____
City _____ State ____ Zip _____
Email Address _____
Cell phone _____ Business phone _____
Place of Employment _____
Were you a member last year? Yes No Is this a new address? Yes No

Make check out to SCECA and return form and payment to:

Becky Wardlaw
1133 Camellia Dr. N
Surfside Beach, SC 29575

You can also join on our website, www.sceca.org, and pay with a credit card.

WORK SETTING: Circle your work setting to help SCECA design effective membership services.

Your Position:

1. Director/Administrator
2. Teacher
3. Assistant
4. Supervisor

5. Consultant
6. Retired
7. Other _____

Age Group:

- A. Infant/Toddler
- B. Preschool
- C. Kindergarten
- D. Primary

- E. College Students
- F. Families
- G. Practitioner
- H. Other _____

Your Program Affiliation:

- A. Public
- B. Church

- C. Private
- D. Technical School

- E. Government Funded
- F. College or University

- G. Other _____

AREAS OF INTEREST:

1. Advocacy
2. Membership Services
3. Conference

4. Hospitality
5. Newsletter
6. Publicity

7. Training Institute
8. Workshops
9. Quality, compensation and affordability

10. other _____

How did you hear about SCECA?

1. Friend _____
4. Website _____

2. Administrator _____
5. Conference _____

3. Newsletter _____
6. Other: _____

For Office Use Only

SCECA # _____ Check # _____ Regular Full Dues _____
District # _____ Bank _____ Regular Student Dues _____
Date Rec.'d _____ Ck. Date _____ Group Dues _____
Membership Expiration Date _____

Total \$ _____