



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: \$50/year/person _____ Use Center 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.
Surfside Beach, SC
29575

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

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

Your Position:

- Director/Administrator
- Teacher
- Assistant
- Supervisor

- Consultant
- Retired
- Other _____

Age Group:

- | | |
|-------------------|---------------------|
| A. Infant/Toddler | E. College Students |
| B. Preschool | F. Families |
| C. Kindergarten | G. Practitioner |
| D. Primary | H. Other _____ |

Your Program Affiliation:

- | | | | |
|-----------|---------------------|--------------------------|----------------|
| A. Public | C. Private | E. Government Funded | G. Other _____ |
| B. Church | D. Technical School | F. College or University | |

AREAS OF INTEREST:

- | | | | |
|------------------------|----------------|--|-----------------|
| 1. Advocacy | 4. Hospitality | 7. Training Institute | 10. other _____ |
| 2. Membership Services | 5. Newsletter | 8. Workshops | |
| 3. Conference | 6. Publicity | 9. Quality, compensation and affordability | |

How did you hear about SCECA?

- | | | |
|------------------|------------------------|---------------------|
| 1. Friend _____ | 2. Administrator _____ | 3. Newsletter _____ |
| 4. Website _____ | 5. Conference _____ | 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 \$ _____