



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:** _____

Fall Conference:

November 18, 2011

9:00am-3:00pm

Registration starts at 8:00am

Seawell's Banquet & Reception Center:

1125 Rosewood Dr.

Columbia, SC 29201

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|--|------|--|
| SCDTSEA Annual Membership Fee | \$20 | |
| Early Bird Registration For Fall Conference Before November 1, 2011 | \$25 | |
| Fall Conference Registration After November 1, 2011 | \$35 | |
| TOTAL (Make Checks Payable to SCDTSEA) | | |

Send Form and Fee To: Mr. John Pappas, 280 Conrad Circle, Columbia, SC 29212

Please Feel Free To Copy This Form and Share It With Others!