



Membership Application

Membership Year: July 1, 2017 – June 30, 2018

Name: _____ Title: _____

Institution/Organization: _____

Address: _____

City: _____ State _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Membership Fees

____ Individual Membership \$25 ____ *paid by institution* ____ *paid by individual*

____ Student Memberships \$20

MEMBERSHIP BENEFITS: LISTSERV Subscription, networking/collaboration opportunities, information from AHEAD Affiliates, shared resources and additional training opportunities.

CONFERENCE fees are payable separate at registration time for Fall/Spring sessions.

Payment Information – Payable By Check [See below.] or Online at www.scahead.org

SCAHEAD accepts payments in the form of **checks**.

Checks are made payable to **SCAHEAD** (Federal ID #57-0996958). Please mail registration form and fee to or indicate on this form if you will be bringing your payment to the conference.

Please send registration form and check made out to SCAHEAD to:

Jim Orgel, Trident Technical College
7000 Rivers Ave., CD-M
Charleston, SC 29423