



SCDTSEA Membership Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

School/Organization: _____

School/Organization Address: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone Number: _____

Work Email: _____

Applicant's Signature: _____ Date: _____

Make out a \$20 membership check to SCDTSEA

Mail to:

Ms. Sherry Bachmann, SCDTSEA Treasurer

18 Zelma Drive

Greenville, SC 29617

Feel free to copy and share with others!