

## SCASA Business Affiliate Membership Form

**SCASA Business Affiliates build relationships with the leaders of education throughout the state.**

Please complete the following form and mail with payment to SCASA, 1 Fernandina Court, Columbia, SC 29212 or scan with your credit card information to hannah@scasa.org. We look forward to partnering with you!

Please select the appropriate membership rate:

\$600 (includes 2 memberships)

Additional memberships can be purchased at a discounted rate of \$175. # of add'l memberships \_\_\_\_\_

Name of organization: \_\_\_\_\_

Primary Contact Person (*primary contact person receives all invoices and primary communication from SCASA*):

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Home page: \_\_\_\_\_

### **Member Contact Information**

#### **Member 1:**

**Same as primary contact person listed above**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

#### **Member 2:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Member 3:**

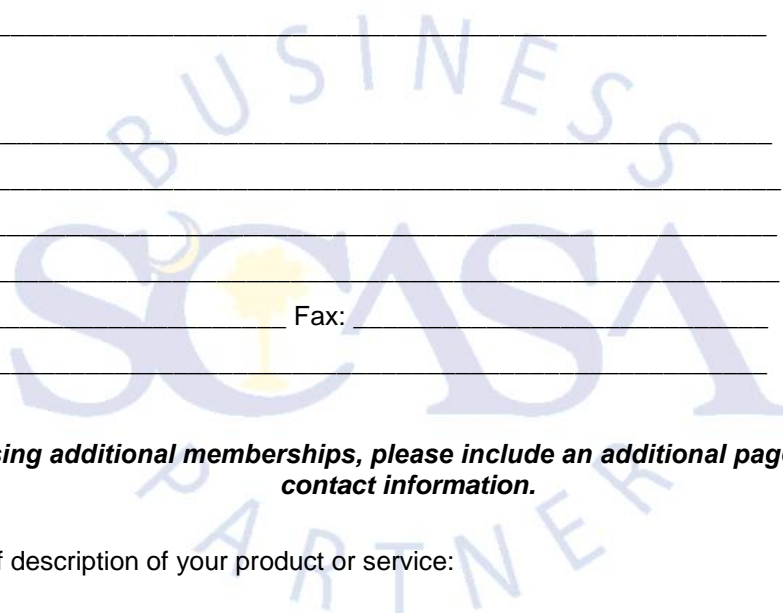
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Member 4:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Member 5:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_



***If you are purchasing additional memberships, please include an additional page with each person's contact information.***

Please provide a brief description of your product or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Card Payment Information**

Credit Card Number: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Total Amount to be Charged: \_\_\_\_\_  
Signature: \_\_\_\_\_

Return form and membership fee to:  
SC Association of School Administrators 1  
1 Fernandina Court • Columbia, SC 29212  
Fax: 803-731-8429  
Email: hannah@scasa.org