



## 2020–2021 Member Application—Invoice

SCASA participation is open to all persons who serve as a school leader or who are in an administrative position in a school system, educational agency/association, or higher education institution. All purchases include professional development services, discounts to all SCASA events, and a \$225 discount on registration for our summer conference: *The Innovative Ideas Institute*.

**Member Information:**  Renewal  New Member

Prefix	First Name	Middle Name	Last Name
Title/Role _____			
Work Email _____			
Personal Email _____			
School District _____			
Work Phone _____			
Cell Phone _____			

Work Location (Full School/Organization/University Name or "District Office") \_\_\_\_\_

Work Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Membership Rate and Payment Method:

Check Enclosed: Send check payable to **SC Association of School Administrators** to our office with this application for proper credit.

Credit Card Payment:  Personal Card  School/District Card

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Type  Visa  MasterCard  Discover  American Express

Expiration date \_\_\_\_/\_\_\_\_

SCASA Membership	<b>\$195</b>
Processing Fee	<b>\$10</b>
<b>Total Payment</b>	<b>\$205</b>

**Email PDF Applications to: [RyanB@scasa.org](mailto:RyanB@scasa.org)**

**All Memberships Valid Through 6/30/21**