



**SOUTH CAROLINA STATE CONSTABLES' ASSOCIATION
MEMBERSHIP APPLICATION**



(Please Print Information Legibly)

Renewing Member _____

AD # _____

New Member _____

Call # _____

Name: _____ Nickname (if any): _____
Last First Middle

Mailing Address: _____

City/State Zip: _____

Secondary Address: _____

Home Phone: () _____ Work: () _____

Cell Phone: () _____ E-mail: _____

I request membership in the South Carolina State Constables' Association (SCSCA). I agree to abide by all the established guideline and bylaws set forth by SCSCA. I will support the goals of the SCSCA and will represent the Association in a professional manner. I agree to maintain my dues on a current basis or both my membership and assigned call number will be revoked.

Applicant's Signature Date

NOTE: Annual membership dues are \$25.00 and are due no later than January 15th of each year, except for new members whose dues are payable at time of application. Dues may be paid at monthly meetings or mailed to:

**South Carolina State Constables Association
P.O. Box 2043
Irmo, S.C. 29063**

FOR ASSOCIATION USE ONLY

Date Paid _____ **Check #** _____ **Assigned SC#** _____