



## SCASL Membership Form Membership Application for 2010-2011

Membership is based on a fiscal year that runs from July 1 – June 30.

**Membership Categories** (Please check the appropriate membership category.)

- |   |         |
|---|---------|
| <input type="checkbox"/> Library/Media/Technology Professionals (school, public, or special). Library/Media/Technology Administrators/TERI participants, retired media specialists/librarians and students who are working in a library in a professional position.                     | \$50.00 |
| <input type="checkbox"/> Full-time Student not employed in a library in a professional position   | \$20.00 |
| <input type="checkbox"/> Teachers not assigned to Library/Media/Technology professional position  | \$15.00 |
| <input type="checkbox"/> Retired Library/Media/Technology professionals not employed in a library in a professional position  | \$15.00 |
| <input type="checkbox"/> State, District, or School Administrators not responsible for library/media/technology   | \$15.00 |
| <input type="checkbox"/> Legislator   | \$15.00 |
| <input type="checkbox"/> Paraprofessional   | \$15.00 |
| <input type="checkbox"/> Association or Business  | \$60.00 |
| <input type="checkbox"/> <b>Honorary Membership:</b> Retired Library/Media/Technology Professionals, who retired prior to July 1, 2006, and who have been members of SCASL for ten or more consecutive years are eligible for honorary membership. Membership must be renewed annually. | \$0.00  |

**Name** \_\_\_\_\_  
**Position/Title** \_\_\_\_\_  
**District/Agency/Organization** \_\_\_\_\_  
**County** \_\_\_\_\_

**Home Address**  
**Street** \_\_\_\_\_  
**P.O. Box** \_\_\_\_\_  
**City/State/Zip Code** \_\_\_\_\_  
**Personal E-mail** \_\_\_\_\_

**School/Agency/ Business Information**  
**Name of School/Agency/Business** \_\_\_\_\_  
**Street** \_\_\_\_\_  
**P.O. Box** \_\_\_\_\_  
**City/State/Zip Code** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**School/Agency/Business E-mail** \_\_\_\_\_

Please make check payable to SCASL. Return this completed form with check to the following address:

SCASL...P.O. Box 2442...Columbia, SC 29202

*Dues paid to SCASL are deductible for income tax purposes.*