



# SCECA MEMBERSHIP FORM

## South Carolina Early Childhood Association

An Affiliate of the SOUTHERN EARLY CHILDHOOD ASSOCIATION

Dues Options: Please choose one.

Full Member = \$45/year _____	Center/Group Member = \$45/year _____ Use Center address on the application
Student Member (6 hrs.) = \$25/year _____ College _____ ID # _____	

**PLEASE TYPE OR WRITE LEGIBLY:**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Were you a member last year?  Yes  No      Is this a new address?  Yes  No

**Make check out to  
SCECA and return  
form and payment  
to:**

**Becky Wardlaw  
1782 Platt Blvd.  
Surfside, SC 29575**

**WORK SETTING:** Circle your work setting to help SCECA design effective membership services.

Your Position:

1. Director/Administrator
2. Teacher
3. Assistant
4. Supervisor

5. Consultant
6. Retired
7. Other \_\_\_\_\_

Age Group:

- A. Infant/Toddler
- B. Preschool
- C. Kindergarten
- D. Primary

- E. College Students
- F. Families
- G. Practitioner
- H. Other \_\_\_\_\_

Your Program Affiliation:

- A. Public
- B. Church

- C. Private
- D. Technical School

- E. Government Funded
- F. College or University

- G. Other \_\_\_\_\_

AREAS OF INTEREST:

1. Advocacy
2. Membership Services
3. Conference

4. Hospitality
5. Newsletter
6. Publicity

7. Training Institute
8. Workshops
9. Quality, compensation and affordability

10. other \_\_\_\_\_

How did you hear about SCECA?

1. Friend \_\_\_\_\_
4. Website \_\_\_\_\_

2. Administrator \_\_\_\_\_
5. Conference \_\_\_\_\_

3. Newsletter \_\_\_\_\_
6. Other: \_\_\_\_\_

*For Office Use Only*

Total \$ \_\_\_\_\_

SCECA # _____	Check # _____	Regular Full Dues _____
District # _____	Bank _____	Regular Student Dues _____
Date rec'd _____	Ck. Date _____	Dual SCAEYC/SCECA _____
Membership Expiration Date _____		Center/Group dues _____