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2018 - 2019 Membership Application

Please print the following member information:

Name _____

District & School (If applicable) / Organization _____ Title _____

Billing Address _____

Phone _____ Email _____ Birthdate (MM/DD) _____

Membership Category	Check One	Amount	Amount Enclosed
Active Membership (Full benefits including access to conferences, Rewards For Excellence, awards and scholarships, and voting rights.)	<input type="checkbox"/>	\$ 30.00	
Institutional Membership (Same as above: Attach a Membership form for each member, up to five individuals from the same organization.)	<input type="checkbox"/>	\$ 110.00	
Affiliate Member (For Principals, Media Specialists, School level PIOs. Benefits include access to conferences and Rewards for Excellence.)	<input type="checkbox"/>	\$ 15.00	
Retiree (Same benefits as an affiliate member.)	<input type="checkbox"/>	\$ 0	

Remit to SC/NSPRA at above address by October 2, 2018 ATTN: Judy LeGrand or pay online at <https://squareup.com/store/sc-nspra>

Would you like to be a "Counselor on Call" for those times when one of your colleagues gets handed a problem they're not quite sure how to handle? Your name and phone number would be listed in a directory on our website. Only members would be able to access this information. If this sounds like something you would be interested in please give us the following information:

Mobile Phone: _____ Years in School Public Relations: _____

Office Use Only

Remittance: Date Received _____ Amount Enclosed _____