



South Carolina Association for Higher  
Continuing Education  
Application for Membership

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Membership fee is included in your conference registration!

Do you want to join; but cannot attend the conference?

The annual Membership fee is only \$25 (make checks payable to SCAHCE).

