

PO Box 81 Sumter, SC 29151 jlegrand@scsba.org www.scnspra.org

2024-25 Membership Application

Name			Years in SC/NSPRA		
District & School (If applicable) / Organization		Title			
Billing Address		City/State/Zip			
Phone	Email	Birthdate (MM/DD)			
Mem	bership Category	Check One	Amount	Amount Enclosed	
Individual Membership (Full benefits including access to conferences, Rewards For Excellence, awards and scholarships, and voting rights.)			\$ 30.00		
District Membership (Same as above: Attach a Membership form for each member, up to five individuals from the same organization.)			\$ 110.00		
	ber (For Principals, Media Specialists, School ess to conferences and Rewards for Excellence.)		\$ 15.00		
Retiree (Same benefits as	an additional district member.)		\$ 0		
Remit to SC/NSPRA at al	pove address by October 1, 2023 ATTN: Ju	ıdy LeGrand	l or pay online at h	attps://squareup.com/store/sc-	
problem they're not qui on our website. Only r would be interested in p	a "Counselor on Call" for those times ite sure how to handle? Your name ar members would be able to access this please give us the following information Years in Scl	nd phone n information	number would be n. If this sounds	listed in a directo like something yo	
Office Use Only				<u>, , , , , , , , , , , , , , , , , , , </u>	
Remittance: Date Re	eceived ———— A	mount Encl	osed ———		