



South Carolina Association of Prevention Professionals and Advocates Membership Application

Name _____ Title _____

Home Address _____

Home City/State/Zip _____

Telephone _____

Work Address _____

Work City/State/Zip _____

Telephone _____ Fax _____

Email _____

How did you hear about SCAPPA? _____

Please denote which address is preferable for communications ___ Home ___ Work

If you would like to join a committee, please denote your choice below. This is not mandatory for membership.

Governance

Growth & Sustainability

Professional Development

Communications & Marketing

Annual Membership Dues:

_____ \$35 – Prevention Professionals and Advocates *Effective September 1, 2006*

_____ \$15 – Full-Time Students

I have enclosed a check for \$_____ to cover the cost of my dues for SCAPPA Membership.

Please mail this completed form along with your check made payable to SCAPPA to:

SCAPPA Membership
PO Box 1763
Columbia, SC 29202