

SCASRO Membership Application

Applicants

Name:

Home
Address:

City:

State:

Zip:

Email
Address:

Agency,
Business, or
School:

City:

State:

Zip:

Area code needed for telephone numbers

Home
Number:

Cell
Number:

Work
Number:

Type Of
Membership

New Membership

Renew Membership

Send application and \$25.00 membership dues to below address.

All checks should be made payable to SCASRO

Mailto:

South Carolina Association of School Resource Officers

P. O. Box 290969

Columbia, South Carolina 29229