



SCASRO MEMBERSHIP APPLICATION
(PLEASE PRINT)

Name: _____ **Rank/Title:** _____

Agency/Organization Name: _____

Agency/Organization Address: _____

Work Phone: () _____ **Cell Phone:** () _____

Work E-mail: _____

Personal E-mail: _____

SCASRO Dues are \$25.00 per year (July 1st - June 30th)

Total Amount Included for Membership: \$ _____

Method of Payment:

Check # _____

Money Order # _____

As a member of the South Carolina Association of School Resource Officers, you will benefit from the following:

- *Annual Conference*
- *National Speakers*
- *National and Regional Training*
- *Networking Opportunities*
- *SRO and Agency Recognition*

Mail Application to:

South Carolina Association of School Resource Officers
P.O. Box 290969
Columbia, South Carolina 29229
Tax ID # 36-4671591