

SOUTH CAROLINA CAMPUS LAW ENFORCEMENT ASSOCIATION ★

Protecting Higher Education in South Carolina
(Federal ID # 57-0765329)

MEMBERSHIP APPLICATION (Type or Print)

Application Date: _____ New Renewal

Name: _____

Title: _____

Employing Agency: _____

Agency Address (Street): _____ P.O. Box (If Applicable): _____

City: _____ State: _____ ZIP _____

Agency Telephone Number: () _____

Fax: () _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Cell: () _____

Name(s) and relation of Insurance beneficiary: (if more than one specify percentage of amounts)

Member's Signature: _____

Membership Dues Enclosed:

Institutional (\$75 Annually) *July 1st - June 30th*
Chief Administrator or Agency Executive and/or Command Staff

Associate (\$40 Annually) *July 1st - June 30th*
Other Agency Employee

Address Correspondence To:

Chief Scott Bingel, Treasurer
SC Campus Law Enforcement Association
Bob Jones University
Department of Public Safety
1700 Wade Hampton Blvd.
Greenville, SC 29614-0001

treasurer@scclea.org

COPY AND DISTRIBUTE FORM AS NEEDED