

Application for SCPPA Membership

Items marked with * are required

*Name: _____

Current Title: _____

*Mailing Address:

Street _____

City: _____

Zip: _____

Phone (Work) _____

(Home) _____

Email: _____

Employer: _____

Recruited by: _____

Membership Fees:

____ Student Membership (\$5.00)

____ Associate Membership (\$10.00)

____ Professional Membership (\$20.00)

___ Renewal

___ New Membership

Please make checks or money orders payable to South Carolina Probation and Parole Association,
and mail to:

South Carolina Probation and Parole
Association
PO Box 5434
Columbia, SC 29250-5434