



Your Voice. Our Power. Their Future.

Please use this form to make correction and/or changes to your membership record.
Mailing address: The SCEA, 2999 Sunset Blvd. Ste 200 West Columbia, SC 29169 Attention:
Membership
Fax#: 803-772-0922

PLEASE PRINT CLEARLY

My name is listed as: _____

Change my name to: _____

New home address: _____

New phone number: _____ New home email address: _____

Membership Type Change From: _____ To: _____

LOCAL/DISTRICT & SCHOOL CHANGE:

New local/district: _____ New school: _____

New school email: _____

PAYMENT (Complete this section only if you need to update your current payment method)

(Check here to pay in full ONLY)
Cash Personal Check Money Order Visa MasterCard

(Check here for monthly payments ONLY)
Visa (debit/credit) MasterCard
Cardholder name: _____ Expiration date: _____
Account number: _____ 3-Digit code: _____
Number of drafts from credit card: _____
To begin in the month of: _____ (September is the first month for Credit Card drafts)
And end in the month of: _____ (August is the last month for Credit Card drafts)

Electronic Funds Transfer (attach a voided check for this pay method)
Number of drafts from checking account: _____
To begin in the month of: _____ (September is the first month for EFT drafts)
And end in the month of: _____ (August is the last month for EFT drafts)

Signature: _____ Date: _____