



# PALMETTO STATE TEACHERS ASSOCIATION MEMBERSHIP APPLICATION

For Office Use Only	
DATE	_____
CK #	_____

I am a  new member  renewal

Name \_\_\_\_\_  
First MI Last Suffix

Home Address \_\_\_\_\_ APT. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_  I would like to receive text messages regarding membership.

Personal Email \_\_\_\_\_

Birth Date \_\_\_\_\_  Male  Female Recruited by \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

Position \_\_\_\_\_ Grade \_\_\_\_\_ Subject \_\_\_\_\_

Membership Types		
<input type="checkbox"/> <b>Active Membership</b> \$149/year or \$12.50/month Certified school personnel	<input type="checkbox"/> <b>Associate Membership</b> \$149/year or \$12.50/month Non-certified school personnel	<input type="checkbox"/> <b>Retired Membership</b> \$25/year Does NOT include liability insurance
<input type="checkbox"/> <b>Special Membership</b> \$99/year or \$8.25/month For the First Year: This option is for first year members. Membership renews at the \$149 rate	<input type="checkbox"/> <b>Affiliate Membership</b> \$25/year For any person or business in support of the goals of PSTA - Does NOT include liability insurance	<input type="checkbox"/> <b>Student Membership</b> \$10/year For students enrolled in an education program at a college or university

Methods of Payment	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Checking Account
Card type (Circle One) Visa Mastercard AMEX Discover	Account # _____
Card # _____	Routing # _____
Exp. Date: _____ CVC/CVV code: _____	
Draft on the <input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month OR <input type="checkbox"/> Full payment	

Official notice: Liability insurance coverage and legal assistance begin fourteen days after your application and dues are received in the PSTA office. Issues that occur before you join are not covered. Your renewal date will be one calendar year from the date your application and dues were received in the PSTA office. Members on bank draft or credit/debit card draft will automatically be renewed unless you notify PSTA thirty days before the renewal date. Monthly dues must be paid for an entire year. Data for text messages may apply.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: **PSTA**  
220 State Street  
West Columbia, SC 29169

For questions, call 803-256-2065  
or email [info@palmettoteachers.org](mailto:info@palmettoteachers.org)

Learn more about your  
membership at  
[www.palmettoteachers.org](http://www.palmettoteachers.org)