



PALMETTO STATE TEACHERS ASSOCIATION MEMBERSHIP APPLICATION

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"/> Active Membership \$149/year or \$12.50/month Certified school personnel	<input type="checkbox"/> Associate Membership \$149/year or \$12.50/month Non-certified school personnel	<input type="checkbox"/> Retired Membership \$25/year Does NOT include liability insurance
<input type="checkbox"/> Special Membership \$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"/> Affiliate Membership \$25/year For any person or business in support of the goals of PSTA - Does NOT include liability insurance	<input type="checkbox"/> Student Membership \$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
Visa Mastercard AMEX Discover Card # _____ Exp. Date: _____ CVC/CVV code: _____	Routing # _____ Account # _____
<input type="checkbox"/> Draft on the 1st 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 or during the fourteen day wait period are not covered. Your renewal date will be one calendar year from the date your application and dues were received in the PSTA office. All payment types will automatically be renewed unless you notify PSTA thirty days before the renewal date (excludes cash/money orders). 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

Learn more about your
membership at
www.palmettoteachers.org