



# South Carolina Association of Student Councils 2024-2025 Membership Invoice

Your school's certificate will be printed and mailed from the information below.

Please correct any information below that is incorrect or outdated. Please fill in any blanks that have been left empty. RETURN WITH PAYMENT.

---

School Name:

School Street:

City: State: Zip Code: \_\_\_\_\_, SC

Student Council Advisor Name:

Advisor E-Mail Address:

School's Principal Name:

School Phone Number:

2024-2025 Student Council President's Name: \_\_\_\_\_

SCASC District: \_\_\_\_\_

AMOUNT DUE: \$50.00 Annual Membership

OR

\$60.00 Palmetto Membership

Please make all checks payable to SCASC and send to: (A current W9 can be found on website or emailed by request)

SCASC

Attention: Roger Mize

PO Box 2123

Lexington, SC 29071