



2017 Membership Application

Please complete the form below with the contact information of the person that should be your company's primary contact to receive SCEAA communications and benefits. Thank you for joining!

Company: _____

Name: _____

Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

- | | | |
|--|-------|--|
| <input type="checkbox"/> Regular Member | \$350 | Any person, firm, corporation, political subdivisions or other entity which, as an employer of individuals working in South Carolina, is subject to the provisions of the South Carolina Workers' Compensation Act. This includes any self-insurance fund and individual members of any self-insurance fund. |
| <input type="checkbox"/> Associate Member | \$450 | Any person, firm, corporation, or other entity providing services in South Carolina, the purpose of whose services are to prevent workers' compensation claims or mitigate the cost of workers' compensation claims which do occur. |
| <input type="checkbox"/> Supporting Member | \$475 | Any organization, the primary purpose of which is to insure the workers' compensation obligations of other organizations through a commercial insurance transaction. |

Payment Method:

- Check (Payable to SCEAA) Visa Master Card
 Discover American Express*

**A 3% convenience fee will be applied to credit card payments.*

Credit Card# _____

Exp. Date ____ / ____ Billing Zip _____ CVV # _____

Signature _____

Please attach form and return with payment to the address below or email to scemployers@capconsc.com.