



South Carolina Association of Veteran Administrators

**2023 – 2024 APPLICATION FOR MEMBERSHIP IN:
SOUTH CAROLINA ASSOCIATION OF VETERAN ADMINISTRATORS**

(Please Type/Print Clearly)

Name Position/Title

Name of Institution / County Office

Type of Institution:

_____ State College/University

_____ Private College/University

_____ Technical/Community College _____ Other Agency _____ County VA Representative

Mailing Address

City State Zip Code

E-mail Address: _____
Area Code/Telephone Number

Type of Membership:

_____ New (\$25.00) _____ Renewal (25.00) **No fee for County VA Representatives

Payment Type: _____ Check *(Forms and Checks will be accepted at the conference on Nov. 17th)

*****Due to temporary limited access at this time, credit card payments can only be accepted through PayPal. If you would like to pay using this method, please email TreasurerScava@gmail.com so a PayPal invoice can be generated for you.*****

Signature

Date

Treasurer:
Christina Lievsay
Director of Military Services
Limestone University
1115 College Drive
Gaffney, SC 29340

For Official Use Only:

Date Received: _____

Check Number: _____ Amount: _____

PayPal Invoice # _____ Date paid _____