South Carolina Employers' Advocacy Association

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: _____

Please list any additional staff that should be included in communications: _____

☐ 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.
☐ 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.
☐ 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.

P.O. Box 1763 | Columbia, SC 29202

(803) 726-8866 | www.scemployers.org | scemployers@capconsc.com| Fax: (803) 252-0589