

2003 SCACAA Membership Form

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

GEOGRAPHICAL WORK AREA: _____

SPECIALITY AREA: Check all that apply

- 4-H/YOUTH
- ADMINISTRATION
- AQUACULTURE
- CROPS
- DAIRY
- ECONOMIC DEVELOPMENT
- ENGINEERING
- FORESTRY
- GENERAL
- HORTICULTURE
- IPM
- LIVESTOCK
- MANAGEMENT
- NATURAL RESOURCES
- WATER QUALITY

OFFICES AND AWARDS:

<u>Office Held</u>	<u>State(yr)</u>	<u>National(yr)</u>
President	_____	_____
President -Elect	_____	_____
Vice-President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Past-President	_____	_____
Director/Vice Dir.	_____	_____
Other	_____	_____

<u>Awards Recieved:</u>	<u>Year</u>
Action	_____
Achievement	_____
DSA	_____
Other _____	_____
Scholarship	_____

Make check for \$60.00 payable to: SCACAA

Remit to: William Hair, Orangeburg Co. Exten. Ofc., PO Drawer 1206, Orangeburg, SC 29116-1206