



South Carolina
Correctional Association

Experience the Many Benefits of Membership



Bank Draft Deduction Form

First Name/Middle Initial	Last Name	Social Security Number

Preferred Mailing Address Home Business/Facility

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Agency/Facility Name: _____

Job Title: _____

Signature: _____ Date: _____

Membership Type	Deduction Frequency	Amount of Deduction
Professional I	<input type="checkbox"/> Quarterly	\$8.75
	<input type="checkbox"/> Annual	\$35.00
Professional II	<input type="checkbox"/> Quarterly	\$18.75
	<input type="checkbox"/> Annual	\$75.00
Executive Gold	<input type="checkbox"/> Quarterly	\$25.00
	<input type="checkbox"/> Annual	\$100.00

Membership Status
<input type="checkbox"/> New Member
<input type="checkbox"/> Renewal – ACA # _____

* -- Deductions as well as membership, will continue automatically until ACA's Membership is notified otherwise. Prices are subject to change. After notice of Price change, deductions will automatically change unless ACA's Membership Is notified to discontinue membership.

Return this form to:
South Carolina Correctional Association
P.O. Box 210603
Columbia, SC 29221
Please include a voided deposit slip with this form

Banking Information
I, _____, hereby authorize the American Correctional Association to make quarterly withdrawals from my:
<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account
Bank Name: _____
Account #: _____
Routing #: _____
Signature: _____

To pay for a one-year membership via credit card, call 1-800-222-5646, ext. 1920 or visit us online at www.aca.org!