



MEMBERSHIP FORM

CHECK ONE: Division B (Grades 6-9) Division C (Grades 9-12)

Teacher/Coach _____
School _____
School Address _____
City, State, Zip _____
School Phone _____
Home Phone _____
E-Mail Address _____
Best Time To Reach You At School _____

CHOOSE AN OPTION BELOW:

REGULAR ANNUAL MEMBERSHIP I plan to enter a team from my school in the 2016 South Carolina Science Olympiad. I have enclosed a check for \$90 to cover registration fees on both the state (\$30) and national (\$60) level.

FREE STATE MEMBERSHIP (FOR SCHOOLS NEW TO THE PROGRAM) My school would like to be a **FIRST-TIME participant** in the Science Olympiad program. I understand that if my membership is one of the first five received **by November 30, 2015** from first-time participating schools, **my \$30 STATE registration fee will be waived**. I am sending no state fees at this time, **but I have included a check for \$60 to cover my national registration fees**. Should my registration **not** be one of the first five new registrations received by the specified deadline, I understand that I will be billed for the state fee.

- Make checks payable to **South Carolina Science Olympiad**
- Please return this form to:
Bret Clark, Director
South Carolina Science Olympiad
Newberry College
Newberry, SC 29108

Visit our website at www.newberry-college.net/scso