



**South Carolina Wildlife Law Enforcement
Officers' Association
PO Box 1424
Columbia, SC 29202**

**MEMBERSHIP APPLICATION
PLEASE FILL OUT COMPLETELY**

NAME _____

ADDRESS _____
City State Zip

DAY TIME PHONE _____

EMAIL ADDRESS _____

ACTIVE MEMBERS: STATE OR FEDERAL WILDLIFE LAW ENFORCEMENT OFFICER
(Please check one) **Currently Employed** **Retiree** **DLEO**

Required from All Active Members for Insurance Purposes Only:

DATE OF BIRTH _____ **SOC SEC #** _____

REGION ASSIGNED _____ **T-Shirt Size** _____

ACTIVE MEMBERS:

I DO HEREBY APPLY FOR MEMBERSHIP IN THE SCWLEOA. I AGREE TO UPHOLD THE PRACTICES AND PURPOSES OF THE ASSOCIATION.

Please select one of the following options:

I enclosed a check made payable to SCWLEOA for \$40

I made my payment of \$40 electronically via the SCWLEOA website.

SIGNATURE OF ACTIVE MEMBER

DATE

“PROTECTING THOSE WHO PROTECT OUR NATURAL RESOURCES”