

**South Carolina Ladies  
Auxiliary**



**Renewal Membership Form**

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ OFFICE \_\_\_\_\_

FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_ BEEPER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMERGENCY CONTACT:# \_\_\_\_\_

MEDICAL CONDITIONS OR ALLERGIES: \_\_\_\_\_

DOCTOR/INS/MEDICATIONS: \_\_\_\_\_

Are you affiliated with another reenacting unit? \_\_\_\_\_

Family Info: Please give name & date of birth of:

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Annual dues are **\$ 30.00** per year, payable with this application. This includes the annual dues for the state organization, PSRS (Palmetto Soldiers Relief Society). Make check payable to **SCLA**. The events in which you participate will count towards your voting privileges once your payment of dues is recorded. Send application and check to:

**SCLA, 15 Palomino Court, Chas., SC 29407**

APPLICANTS SIGNATURE: \_\_\_\_\_

Check # \_\_\_\_\_ or cash given to \_\_\_\_\_

Signed by PSRS Unit Rep \_\_\_\_\_

Check # sent to PSRS \_\_\_\_\_ Date check sent to PSRS \_\_\_\_\_