



INVOICE

2009-2010 South Carolina Coroner's Association
Coroner's Member Enrollment Form

SCCA Membership Dues for Coroner's Office: \$200.00

Please provide the following:

Coroner's Name: _____

County: _____

Mailing Address: _____

City, State, and Zip: _____

Office #: _____ **Fax #:** _____

Phone number that you can most likely be reached at: _____

Pager #: _____ **Cell #:** _____

E-Mail Address: _____

*this is the quickest and most efficient way for us to contact you and keep you updated

Deputy Coroners (please list names with titles):

Please return this information, with check made payable to South Carolina Coroner's Association no later than May 31st, to:

SCCA
c/o Denise Fenters
PO Box 12304
Columbia, SC 29211
(803) 206-4443