



**2017-2018 South Carolina Coroner's Association**  
**Coroner's Member Enrollment Form**

SCCA Membership Dues for Coroner's Office: \$200.00 (with up to 4 Deputies)  
Each Deputy thereafter is \$30.00/per person

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:

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):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**For additional Deputy Coroners/Staff, see page 2. If this space is sufficient, you may omit page 2.**

Please return this information, with check made payable to South Carolina Coroner's  
Association as soon as possible to:

SCCA  
c/o Membership  
PO Box 12304  
Columbia, SC 29211  
<http://www.sc-coroners.org>

Each Deputy Coroner or employee hereafter is \$30 per person: \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

21. \_\_\_\_\_

22. \_\_\_\_\_

23. \_\_\_\_\_

24. \_\_\_\_\_

25. \_\_\_\_\_

26. \_\_\_\_\_

27. \_\_\_\_\_

28. \_\_\_\_\_

29. \_\_\_\_\_

30. \_\_\_\_\_