

Society of Former SLED Agents

Application for Membership

Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email: _____

(If you do not have email, provide the address of someone who will relay information.)

Year entered on duty: _____

SLED Region **Where You Live:** Upstate – Midlands – Pee Dee – Low Country. (Circle One)

IMPORTANT NOTE: Membership shall be open to retired and/or former SLED agents and support employees meeting the following conditions:

1. At least five years continuous service with SLED:

Special Note: Exception to the Five (5) year rule may be granted by the Executive Committee if the Individual has made substantive contributions to SLED.

Check if the Applicant seeks exception to five (5) year requirement,

2. Must not have separated from SLED with any pending disciplinary action,

3. Must adhere to all applicable standards of conduct for SLED employees, and

4. Must be current in payment of dues.

I meet the above eligibility requirements and apply for membership or I meet all eligibility requirements other than the of years of service requirements and I am requesting a waiver of the five(5) year requirement .

Date: _____

Signature: _____