

**SPEECH COMMUNICATION ASSOCIATION
OF SOUTH DAKOTA**

Name _____
First _____ **Last** _____ **Initial** _____

School _____ Phone _____

School Address _____

City _____ Zip Code _____

Home Address _____ Phone _____

City _____ Zip Code _____

E-Mail Address _____

New Faculty _____ Renewal _____

Number of years teaching/coaching as of May of this year _____

Will you be attending the banquet? ___ Yes ___ No