



**SOUTH CAROLINA
ARCHIVAL ASSOCIATION**

***Membership
Form***

Name: _____

Address: _____

City: _____ *State:* _____ *Zip Code:* _____

Telephone: _____ *Fax:* _____

Email: _____

Institution: _____

Membership Level:

Regular (\$15) _____ Student (\$10) _____ Retired (\$10) _____ Institutional (\$50) _____

New Member _____ Renewal _____

Please contact me about serving on the following committee(s):

Educational Programs: _____ Outreach/Advocacy/Mentoring: _____ Membership: _____

Communication: _____ Finances: _____ Executive Board: _____

Membership in SCAA includes automatic enrollment in the organizational listserv. If you would NOT like to participate in the listserv, check here: _____

**Send completed form with check payable to
*South Carolina Archival Association to:***

**South Carolina Archival Association
P.O. Box 932
Columbia, SC 29202**