

No. _____

Date Received _____

(For Use of the Secretary)

APPLICATION FOR MEMBERSHIP
SOUTH CAROLINA NUMISMATIC
ASSOCIATION



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Full Name (Please Print)

Mailing Address

City

State

Zip Code

Email Address

Occupation

Numismatic Specialty

Club or Society Membership

I agree to abide by the SCNA By-Laws & Code of Ethics.

Signature of Applicant

Birth date

Signature of Proposer

SCNA No.

ANNUAL DUES: \$12.00 Adult Juniors: \$1.00 per year
 Life Membership: \$200 with Board approval

Mail to: SCNA Secretary
 P.O. Box 693
 Lugoff, SC 29078