



APPLICATION FOR MEMBERSHIP
SOUTH CAROLINA NUMISMATIC ASSOCIATION

Full name (please print): _____

Email Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone Numbers: (C) _____ (H) _____

Birth Year (Adults) _____ Birth Date (if under 18): _____

Occupation: _____

Numismatic Specialties/Interests: _____

Local Club or Society Memberships: _____

ANA Membership Number (if applicable): _____

Type of Membership (Circle One): Individual (\$20) / Individual Paperless (\$15) / Family (\$35) / Dealer (\$20) / Dealer Paperless (\$10) / Youth (\$10) / Youth Paperless (\$1) / Life (\$250)/ Senior Life (60 and older) (\$150)

- Annual Dues include mailing of three periodical SCNA Journals unless paperless membership is selected. SCNA Journals will still be available and posted on www.sc-na.org).
- Youth memberships are for ages 17 and under. The youth membership fee is a one-time fee and covers the youth until they reach the age of 18.
- Family Membership includes up to four individuals residing at the same physical address. Additional Family Membership information required on the reverse.
- Life Membership (< 60/60 & older): \$250.00/\$150 (After one-year regular membership.)

I hereby agree to abide by the SCNA Bylaws and Code of Ethics (posted on www.sc-na.org).

_____/_____
Signature Date

Signature of Proposer: _____ / SCNA No. _____

Send to SCNA Secretary, 6645 Deveaux Rd Sumter SC 29154

Date Received: _____ (SCNA Use)

SCNA Membership Number Assigned: _____ (SCNA Use)

Additional Family Membership Information:

Full Name (Please print or type): _____

Numismatic Specialties/Interests: _____

Local Club or Society Membership(s): _____

Birth Year (Adults) _____ Birth Date (if under 18): _____

Relationship to Primary Member: _____

I Hereby agree to abide by the SCNA Bylaws and Code of Ethics (posted on www.sc-na.org).

_____/_____
Signature Date

SCNA Membership Number Assigned: _____ (SCNA Use)

.....
.....

Full Name (Please print or type): _____

Numismatic Specialties/Interests: _____

Local Club or Society Membership(s): _____

Birth Year (Adults) _____ Birth Date (if under 18): _____

Relationship to Primary Member: _____

I Hereby agree to abide by the SCNA Bylaws and Code of Ethics (posted on www.sc-na.org).

_____/_____
Signature Date

SCNA Membership Number Assigned: _____ (SCNA Use)

.....
.....

Full Name (Please print or type): _____

Numismatic Specialties/Interests: _____

Local Club or Society Membership(s): _____

Birth Year (Adults) _____ Birth Date (if under 18): _____

Relationship to Primary Member: _____

I Hereby agree to abide by the SCNA Bylaws and Code of Ethics (posted on www.sc-na.org).

_____/_____
Signature Date

SCNA Membership Number Assigned: _____ (SCNA Use)