



## APPLICATION FOR MEMBERSHIP SOUTH CAROLINA NUMISMATIC ASSOCIATION

(Full name – please print or type): \_\_\_\_\_

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 (\$1)/Life (\$250)/Senior Life (60 and older) (\$150)

- If you choose the paperless option please include you email address so we can notify you when Scanner is on line.

- 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](http://www.sc-na.org).

- Youth memberships are for ages 17 and under 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](http://www.sc-na.org)).

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Signature of Proposer: \_\_\_\_\_ / SCNA No. \_\_\_\_\_

Send to SCNA Secretary, 1546 Evergreen St., Charleston SC 29407

Date Received: \_\_\_\_\_ (SCNA Use)

SCNA Membership Number Assigned: \_\_\_\_\_ (SCNA Use) Date: \_\_\_\_\_

**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](http://www.sc-na.org)).

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

SCNA Membership Number Assigned: \_\_\_\_\_ (SCNA Use)

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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](http://www.sc-na.org)).

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

SCNA Membership Number Assigned: \_\_\_\_\_ (SCNA Use)

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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](http://www.sc-na.org)).

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

SCNA Membership Number Assigned: \_\_\_\_\_ (SCNA Use) Date: \_\_\_\_\_