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 for 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) / Youth ($1O) / 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 Memberships: Under 60: $250.00; Over 60: $150** ***(eligible after one-year of 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 #** _____

Mail to:

SCNA Secretary, 6645 Deveaux Road, Sumter, SC 29154

Date Received: _____ **(SCNA Use)**

SCNA Membership Number Assigned: _____ **(SCNA Use)**

version Oct 18, 2025

Additional Family Membership Information:

Full name (please print): _____

Numismatic Specialties / Interests: _____

Local Club or Society Memberships: _____

Birth Year for 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)**

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Full name (please print): _____

Numismatic Specialties / Interests: _____

Local Club or Society Memberships: _____

Birth Year for 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)**

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Full name (please print): _____

Numismatic Specialties / Interests: _____

Local Club or Society Memberships: _____

Birth Year for 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)**