



SOUTH CAROLINA ARCHIVAL ASSOCIATION

YES! I want to be a member of the South Carolina Archival Association.

Name: _____

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City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Institution: _____

Membership Level:

Regular \$15 ____ Student \$10 ____ Retired \$10 ____

Additional Contribution \$ _____

New Member ____ Renewal ____

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

Membership: ____ Newsletter: ____ Nomination: ____ Program: ____

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

**SCAA
c/o Allison Thiessen
Periodicals Department
Richland County Public Library
1431 Assembly Street
Columbia, SC 29201**