

SMA Membership Application

Membership categories (please check one):

Student.....\$5.00
 Individual.....\$10.00
 Institutional.....\$20.00

Membership Type: New Renewing
Member

Membership Year (Calendar Year):

Name:

Institution: _____

Address:

City/State/Zip Code:

E-mail:

Make your check payable to "Society of Mississippi
Archivists" and mail it with this form to:

Society of Mississippi Archivists

P.O. Box 4024

Clinton, MS 39058