SMA Membership Application

Membership categories (please check one):
_____ Student - $5.00
_____ Individual - $10.00
_____ Institutional - $20.00

Membership Type:
_____ New
_____ Renewing

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
c/o Jennifer Brannock
118 College Drive #5148
Hattiesburg, MS 39406