

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

P.O. Box 4024

Clinton, MS 39058