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 Laura Heller
  PO Box 571
  Jackson, MS 39205