



SCFM Membership Form

Name: _____

Additional Names for Membership _____

Title: _____

Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

Email: _____ County: _____

Telephone: _____ Fax: _____

Website: _____ How Many Years a SCFM Member? _____

Select your membership category from the following list. Return this form to the address below. You may pay by check, or visit www.southcarolinamuseums.org/join.html to use a credit card via Paypal.

Institutional (dues based on annual budget)

\$25.00 (under \$50,000)

\$75.00 (\$500,001-\$1,000,000)

\$35.00 (\$50,000 - \$100,000)

\$100.00 (over \$1,000,000)

\$50.00 (\$100,001 - \$500,000)

Professional

\$15.00 - (staff of an SCFM member institution)

\$20.00 - (staff of a non-SCFM member institution)

Affiliate \$25.00 - (related organizations, out-of-state professionals, consultants)

Associate \$10.00 - (volunteers, board members, and others interested in South Carolina's museums)

Student \$10.00 - (all university and college students)

My Institution will offer free or reduced admission to SCFM members.

Total Amount Paid: \$ _____

Paypal Confirmation Number # _____ (online payment only)

Return to: Walter Hill/Horry County Museum
805 Main Street
Conway, SC 29526