MEMBERSHIP FORM

To become a member, complete this form and mail with payment to: SC Confederate Relic Room & Military Museum, 301 Gervais St., Columbia, SC, 29201.

Name (as you want it to appear on membership card(s):		
Dr./ Mr./Mrs./N	Ms.:	
Dr./ Mr./Mrs./N	Иs.:	
Organization: (Group Members	hips Only)	
Address:		
City/State/Zip:		-
Daytime Phon	e:	
Cell/Other Pho	one:	
Email:		
Membership	Level:	
	Individual \$35	☐ General \$250
	Dual \$45	☐ Group, Level 1 \$500
	Family \$60	☐ Group, Level 2 \$750
	Colonel \$150	
	Additional Childr	ren (\$10 ea.)
5 0 11		(Total Number x \$10)
For General M	lembership Level	, list flag ornament you want to receive:
Method of P	ayment:	
☐ Check	(Made payable to the S	C Confederate Relic Room & Military Museum)
Gift Member	rship	
Acknowledge a	s gift from:	

Thank you for supporting South Carolina's military history museum!