



JHSSC | JEWISH HISTORICAL SOCIETY
of SOUTH CAROLINA

2020 MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: () _____

Fax: () _____

***E-Mail Address: _____

*** Your e-mail address is requested so that we may keep you informed of happenings around the state. It will not be given out or seen on the e-mails. Your privacy will be protected.

**You may purchase or renew your JHSSC membership online.
Go to jhssc.org, click on "Get Involved" and then on "Membership"
Then choose your membership category.**

ANNUAL DUES FOR THE SOCIETY

(MEMBERSHIP RUNS ON A CALENDAR YEAR, FROM January-December)

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Student Membership | \$18 | |
| <input type="checkbox"/> Gift Membership | \$54 | <i>Please attach additional information for each gift membership.</i> |
| <input type="checkbox"/> Individual/Family Membership | \$54 | |
| <input type="checkbox"/> Friend | \$200 | |
| <input type="checkbox"/> Institutional | \$250 | |
| <input type="checkbox"/> Sponsor | \$350 | |
| <input type="checkbox"/> Patron | \$750 | |
| <input type="checkbox"/> Founding Patron | \$1000 | |
| <input type="checkbox"/> Pillar | \$5000 (\$1000 for five years) | |
| <input type="checkbox"/> Other | \$ _____ | |

I am enclosing an additional \$54 for a JHSSC GIFT MEMBERSHIP for:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

E-Mail Address: _____

Phone: () _____

*All gifts will be acknowledged to the recipient.
Please use the back of this sheet with appropriate information for each additional gift you are making.*