

Northwest Illinois Stamp Club

APPLICATION FOR MEMBERSHIP

Please print

Full Name _____ Date of Birth (optional if 18+) ___/___/___

Home Address _____ City _____ State ___ Zip _____

Phone _____ Email _____

Collecting Interest(s):

Philatelic societies of which you are a member: APS # _____ ATA # _____ Other (please indicate) _____

Permission is granted to publish the above information in the club directory available to members only. Please indicate any information you do **NOT** want published (you may update this information in the future):

Your help would be greatly appreciated. Would you be interested in the opportunity to help manage an aspect of the club?

Yes No

If you answered 'Yes' to the above, please indicate your preference:

Serve as an officer Publicity & promotion Serve on a committee Other No preference

I hereby apply for membership in the Northwest Illinois Stamp Club and agree to be bound by its Bylaws.

Signed _____ Date ___/___/___

Signature of parent or guardian (if applicant is under 18) _____

Membership Fees (please enclose): \$10 Adult \$5 Youth \$15 Family (must be from the same household)

You may submit this application at any club meeting, or mail with cash or check (no credit cards) to Ian Hunter,
13659 Scenic Palisades Rd. Mount Carroll, IL 61053
