WEST VOLUSIA STAMP CLUB MEMBERSHIP APPLICATION

(Please print or type)				Number
Name: Mr. Mrs. Ms.				
	First	Mi	Last	
Florida Address:				
	City:		State:	ZIP:
Other Address:				
	City:		State:	ZIP:
E-mail:				
Birthdate:	(month and day onl	y)		
Telephone:	()			
	Home		Cell	
Collecting Interests:				
		· · ·		
I (am) (am not) a mem	ber of American Phil	atelic Society.	APS Number:	
Other Philatelic Memberships:				
			r	
You have my permission to publish the following information to club members (please check):				
Name:	Address:	Phone(s):	E-mail /	Address:
Signature of Applicant:				_
Date of Application:				

Annual dues are \$15.00 for individuals, \$20.00 for couples

Prorated Monthly First Year From Date of Application (All Yearly Dues Payable in December)