WEST VOLUSIA STAMP CLUB
MEMBERSHIP APPLICATION

(Please print or type) **Number** _____

Name: Mr. Mrs. Ms. _____
First MI Last

FL Address: _____

City: _____ State: _____ Zip code: _____

Other Address: _____

City: _____ State: _____ Zip code: _____

Birthdate: (month/day) _____

Telephone: ( ) _____ ( ) _____
Florida Other

Collecting Interests: _____

_____

I (am) (am not) a member of American Philatelic Society.
APS Number: _____

Other Philatic Memberships: (WVSC member, local dealer, etc.) _____

_____

You have my permission to publish the following information to club members: Name _____ Address _____ Phone _____

Signature of Applicant: _____

Date: _____

Annual dues are $12.00 and are prorated monthly.