# **Application for Membership**

## **□** REGULAR MEMBER

#### **☐ LIFE MEMBER**

### **☐** ASSOCIATE MEMBER

(Spouse or child under 18 of a current APS member living at same address)



## **American Philatelic Society**

**SEND TO**: APS • 100 Match Factory Place • Bellefonte • PA • 16823-1367 www.stamps.org

| Please Print or type   |   | www.sta         | mps.o   | rg   |                               |  |   |                  |                       |                     |  |
|--|---|-----------------|---|--|-------------------------------|--|---|------------------|-----------------------|---------------------|--|
| Mr., Mrs., Other   | , Mrs., Other First Name                |                 | Middle Initial  |  | Last Name                     |  |   |                  |                       |                     |  |
| Address  |   |                 |   |  |                               |  |   |                  |                       |                     |  |
| City   |   |                 | State   | e/Province   |                               | Country  | Zi  | p Code/F         | Postal Code           |                     |  |
| Daytime Phone Number Fax Nur   |   |                 | Date of Birth  Month Day Year (if over 18, you may enter legal) |  |                               |  |   |                  |                       |                     |  |
| E-Mail   | Website                                 |                 |   | Occupation   |                               |  |   |                  |                       |                     |  |
| Major Stamp Collecting Interests   |   |                 |   |  |                               |  |   |                  |                       |                     |  |
| REFERENCE REQUIREMENT  Each applicant must provide a commercial reference. Please provide a current Visa or MasterCard account number with expiration date and verification code or the name and address of another commercial reference (a company or stamp dealer with whom you do business, or your employer, etc.). I agree to abide by the Philatelic Code of Ethics and agree to be bound by all rules and regulations of the Society and its bylaws. I understand |   |                 |   | <b>Prorated Membership Fees</b> Our membership year runs January 1 through December 31. Annual dues notices are mailed the last quarter of each year and are payable by December 31. Initial membership fees are prorated so that applicants only pay the portion of the year remaining based on the quarter in which their application is received. The prices below reflect a one-time \$3 application fee that is not prorated. All fees are listed in U.S. dollar amounts. |                               |  |   |                  |                       |                     |  |
| notice of applications for membership is published in <i>The American Philatelist</i> .  |   |                 | Prorated Membership Rates Select the month you are joining      |  |                               |  |   |                  |                       |                     |  |
| ☐ Visa or ☐ MasterCard Reference   |   |                 |   |  |                               | Join during Join during Join during 1., Feb., Mar.** Apr., May, Jun.** Jul., Aug., Sept.** |   |                  |                       |                     |  |
| Account Number   | ·                                       | •               | U.S.  | \$48.00  | U.S.                          | \$36.75  | U.S.  | \$25.50          | U.S.                  | \$14.25             |  |
|  |   |                 | Canada  | \$51.00  | Canad                         | a \$39.00  | Canada  | \$27.00          | Canada                | \$15.00             |  |
| Expiration Date • Verification Code  |   |                 | Other   | \$58.00  | Other                         | \$44.25  | Other   | \$30.50          | Other                 | \$16.75             |  |
|  | (last 3 digits on the back of the card) |                 | Associa   | te \$25.50   | Associ                        | iate \$20.00   | Associate   | \$14.25          | Associat              | e \$8.75            |  |
| ☐ Alternate Commercia  | I Reference                             |                 | Associate<br>member   | Membersh<br>Viving at the  | i <b>p</b> — A sp<br>same add | ouse or depen  | e rest of the cu<br>ndent under 18<br>ly for Associate<br>cription. | of a curi        | rent regular i        |                     |  |
| Name Account No.   |   |                 |   | APS Life Membership  |                               |  |   |                  |                       |                     |  |
| Address  |   |                 |   |  |                               | U.S.   | Canad   | a                | Other Cou             | ntries              |  |
|  |   |                 |   | Ages 18-   | -39                           | \$1,475.00   | \$1,550.  | .00              | \$1,700.0             | 0                   |  |
| City   |   |                 |   | Ages 40-   | -54                           | \$1,275.00   | \$1,340.  | 00               | \$1,490.0             | 0                   |  |
| State/Province   | Country Zip/Postal                      | Code            |   | Ages 55-   |                               | \$1,075.00   | \$1,130.  | _                | \$1,275.0             |                     |  |
|  |   |                 |   | Ages 65  | & Over                        | \$750.00   | \$800.  | 00               | \$925.0               | 0                   |  |
|  | not want the Society to prov            | =               | dollars<br>payab  | le to the  | must<br>Americ                | be drawn<br>an Philateli   | ble in U.S.<br>on a U.S.<br>ic Society.<br>commercia                | or Car<br>If you | nadian ba<br>provided | ink mad<br>a Visa c |  |
| SIGNATURE OF APPLICANT  Date   |   |                 |   | to charge your membership fee to that account, enter the amount to charge and sign below.  |                               |  |   |                  |                       |                     |  |
| Signature of Parent/Guardia  | an (required for applicants under age 1 | 8) Date         | \$  |  | Check                         | ☐ Mone   | ey Order  | ☐ Visa           | a 🗖 Mas               | terCard             |  |
| Peter Elias  | 16                                      | 59083           |   |  |                               |  |   |                  |                       |                     |  |
| Name of Proposer (optional)  | Pro                                     | poser's APS No. | Signati   | ure of Card  | holder                        |  |   |                  |                       |                     |  |