



MEMBERSHIP APPLICATION

Local Post Collectors Society

American Philatelic Society Affiliate No.126



Regular Membership - \$20 U.S. / \$25 Int'l.

Are you a current member of the APS? Yes No

Life Membership

If YES, your membership number: _____

Up to age 60 - \$200.00

Would you like information sent to you about joining the APS? Yes No

Age 61 and over - \$150.00

MALE FEMALE

Please Print or Type:

Mr./Ms. (Other) _____ First Name _____ Middle Initial _____ (Nickname) _____ Last Name _____

Address: _____ City: _____

State/Province: _____ Zipcode/Postal Code: _____ Country: _____

Home Phone: _____ FAX Number: _____

Date of Birth: _____ * _____ * _____ Email: _____
Month Day Year

Occupation: _____
(If you are retired, please write down your previous career path.)

Signature of Parent or Guardian if applicant is under 18 years of age: _____ Date _____

Major Collecting Interests - please include names of other clubs & organizations that you also belong to (use add'l. sheet if necessary):

Do you currently operate your own Local Post? _____ If YES, list it's name and start-up date: _____

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.

SIGNATURE OF APPLICANT _____ Date _____ Referred by (optional) _____ Referrer's LPCS No. _____

Our membership year runs from January 1 through December 31. Annual dues notices are mailed during the last quarter of each year and are payable by December 31. For all regular or life memberships that begin mid-year, you will receive all current year issues of the Society journal, *The Poster*.

Payment by check or Money Order (Make payable to Local Post Collectors Society) Amount Enclosed: _____
All amounts in U.S. Dollars - Checks and Money Orders must be drawn on U.S. banks only.

Payment by PAYPAL For Membership applicants residing outside the U.S. or others desiring to make payment via credit card. A request for dues payment will be made via PayPal upon receipt of your application prior to processing.

Email address for payment request (if different from above): _____

SEND TO: Bob Fritz, Sec./Treas. ♦ LPCS ♦ 17406 N. Calico Dr. ♦ Sun City, AZ 85373-2205