

Hamilton Township Philatelic Society
Application for Membership

I hereby apply for membership in the Hamilton Township Philatelic Society.
(Dues are \$10.00 and are renewable on January 1st)

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

CELL TELEPHONE: _____

BUSINESS TELEPHONE: _____

EMAIL ADDRESS: _____

COLLECTING INTERESTS: _____

APS #: _____

OTHER PHILATELIC SOCIETY MEMBERSHIPS:

I give permission to add my name, address, email address, phone number and collecting interest to the HTPS member list. This list is for distribution only to other HTPS members.

YES () NO ()

SIGNATURE: _____

DATE: _____

Checks can be made out and sent to:

Hamilton Township Philatelic Society
c/o P.O. Box 3443
Mercerville, NJ 08619