

TSNS MEMBERSHIP APPLICATION

To join TSNS, print this page, fill in information (please print), and send with check for dues to: TSNS, P.O. Box 2066, Douglasville, GA 30133.

Questions, email: tsnsdues@gmail.com

Name: _____

Business Name (if applicable): _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Birthdate: _____ (Only required for Junior & Life [age 50+])

Signature of Parent/Guardian for Junior Members:

Numismatic Organizations of which you are a member: _____

_____ **Regular** (\$10.00/Year) _____ **Regular** (\$25/Three Years)

_____ **Life (Ages 18-50)** (\$150.00) _____ **Life (Ages 50+)** (\$75.00)

_____ **Junior (Under 18 years old)** (\$5.00/Year)

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