



# West Georgia Coin Club

## Application for Membership

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Recommended by: \_\_\_\_\_

What do you collect? \_\_\_\_\_

\_\_\_\_\_

References: \_\_\_\_\_

\_\_\_\_\_

How did you find out about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature:

Application read this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Revoked \_\_\_\_\_

Dues are \_\_\_\_\_ per year and are payable upon election to membership or at the first business meeting of the year that is attended.

\_\_\_\_\_  
Officer Signature