

Jackson Philatelic Society JPS Jackson

P. O. Box 16792 Philatelic

Jackson, MS 39236-6792 Society

APS chapter # 831

Membership Application

(Please print clearly)

Name (last, first) _____ age: _____

Occupation _____ Mailing address _____

City, State _____ Zip Code _____

Tel. No.: _____ e-mail _____

Membership requested: Individual _____ Family _____ Children under 18 (number) _____

If Family Membership is requested, list names and age of members in parenthesis:

American Philatelic Society (APS) member? Yes _____ No _____ If yes, membership No. _____

Other philatelic societies to which you belong _____

Philatelic interests _____

Signature _____ Date: _____

Please, mail completed form and dues payment (yearly Individual: \$5; Family: \$ 10; children under 18 years: none) to the Jackson Philatelic Society address at the top of this form.

For APS office use only

Date application received _____ Copy to: () Treasurer

Membership proposed by: _____ () Secretary

1st reading of Application _____ () Archive

2nd Reading of Application _____

Accepted into Membership Yes / No