

AMERICAN TOPICAL ASSOCIATION

PO BOX 8 – CARTERVILLE IL 62918-0008 – USA

Phone: 618-985-5100 Fax: 618-985-5131

E-Mail: americantopical@msn.com

VERA FELTS, EXECUTIVE DIRECTOR

MEMBERSHIP APPLICATION FORM

Membership dues: One Year Two Years Three Years Five Years
US Addresses \$25.00 \$45.00 \$65.00 \$100.00
International Addresses \$33.00 \$60.00 \$82.00 \$125.00

Send completed application to: **AMERICAN TOPICAL ASSOCIATION, PO BOX 8, CARTERVILLE, IL 62918-0008 USA**

Printed Name: _____

Age: ___ Under 20 ___ 20-29
___ 30-39 ___ 40-49
___ 50-59 ___ 60-69
___ 70-79 ___ 80+

Address: _____

City/State/Province/Zip or Postal Code: _____

Country: _____

E-Mail: _____ Phone: _____

- If I have checked this box, do NOT release my mailing address.
 If I have checked this box, do NOT release my email address.
 If I have checked this box, you may publish my name and mailing address in the *ATA Directory*.

The above authorization (to publish) requires your signature: _____

- I wish to purchase the latest ATA Membership Directory for \$9.00 (includes postage).

Enclosed is US \$ _____ for dues and/or \$ _____ for a Membership Directory. **Total enclosed:** \$ _____

Send check, draft or money order in U.S. currency, drawn on a U.S. bank. No stamps or foreign currency please.

ATA also accepts MasterCard, VISA, or PayPal.

If using PayPal, address to **americantopical@msn.com**.

Cardholders Name as it appears on card: _____

Account # (Make very legible)

Expire Date

Signature

I agree to abide by the Philatelic Code of Ethics (see website) Yes No

Check if: New Member Reinstatement. If reinstatement, old membership # _____ (if known)

I collect:

1. _____

2. _____

3. _____

Referred by:

The American Topical Association Web Site

www.americantopicalassn.org

OR _____