

St. Louis Numismatic Association
P.O. Box 1864 - St. Charles, MO 63302

SLNA NUMBER ASSIGNED _____
(For Secretary Use Only)

APPLICATION DATE _____

ST. LOUIS NUMISMATIC ASSOCIATION
APPLICATION FOR MEMBERSHIP
(Please Answer All Questions) (Please Print)

I hereby make application for membership in the St. Louis Numismatic Association (SLNA) of St. Louis, Missouri, subject to its By-Laws.

(Mr.-Mrs.- Ms.) _____
(Circle One) Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Employer: _____

Date of Birth: _____ Over 21: (Yes) _____ (No) _____

E-Mail Address: _____ Use E-Mail as my main contact.

Have you previously held membership in the SLNA? If yes, state membership number. _____

Are you a member of the A. N. A.? _____ If yes, state membership number. _____

Name, Address, and membership numbers of other numismatic organizations in which you currently hold membership: (If none, so state.)

Membership card desired for spouse? If so: Name: _____

Membership for children age 12-18? If so: Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Falsification of any information on this application will result in automatic rejection. If application is rejected money will be refunded. Membership can be revoked at any time by the Board of Directors. This application and any attached information to be considered and treated as strictly confidential by all informed persons.

Annual dues: \$10.00 - This includes spouse and children up to the age of 18.

Calendar Year: 1 January – 31 December - Dues become delinquent at the close of the calendar year.

Applicant Signature: _____

Return this signed completed form with membership dues (Check payable to SLNA) to the address above.