

**ST. LOUIS NUMISMATIC ASSOCIATION**  
**P.O. Box 410051 - ST. LOUIS, MO 63141**

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) \_\_\_\_\_

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.)

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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.