

West Essex Philatelic Society
Founded 1930

APPLICATION FOR MEMBERSHIP

Membership #: _____ Date proposed: _____

Membership Notification _____ Board Approval: _____

I hereby apply for membership in the West Essex Philatelic Society and agree to follow its Constitution, By-Laws and such rules and regulations as it may promulgate.

Signature of applicant: _____

Applicant's Name: _____ Email: _____

Phone Number: _____ Cell Phone Number: _____

Home Address: _____

Business Address: _____

Profession or Occupation: _____ Age: _____

Philatelic Interests: _____

Membership on other Philatelic organizations: _____

References (Two required of every applicant. Preferably Local)

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

I give permission to allow my name to appear on our website (www.wepsonline.org): _____

Nominated By: _____ Seconded By: _____

Recorded by Secretary: _____

Mailing List: _____

Dues Paid: \$ _____ Date: _____

Reference checks and membership comments (if any) should be attached to this form.

Annual dues are \$ _____ (\$ _____ if paid prior to 1st meeting)

Note: All information furnished is treated in total confidentiality for our mutual protection