

**Application for Membership in
The American Revenue Association (ARA)**

Return Form With Payment To:

Georgette Cornio, ARA Secretary, 12803 Windbrook Cr., Clinton, MD 20725-1227

The undersigned applies for membership in the American Revenue Association, Inc., and agrees to comply with its Charter and By-Laws.

Enclosed with this application is \$22.50 for dues (refundable if this application is not accepted.)

Please make check payable to the American Revenue Association.

For airmail delivery of *The American Revenuer* outside the United States add the following: Mexico, Central American & Caribbean areas- \$12; South America, Western Europe, North Africa - \$16; rest of the world - \$20.

Name (please print): _____

Street Address: _____

P.O. Box: _____

City: _____ **State/Province:** _____

Zip or Post Code: _____ **Country:** _____

A street address is required for the record if a post office box is given, but will not be published in *The American Revenuer* in the New Member Listing. An applicant's address will not be published or shared among members if specifically requested. We do not share information outside the ARA.

Please check box if you **do not** want other than your name included in the New Member listing.

Optional: Telephone (with area code): Home: (...) ... - Work: (...) ... -
Cell: (...) ... - FAX: (...) ... - E-Mail Address: _____

New Application or Renewal Reinstatement (please give former ARA number if known)

Collector Collector/Dealer Dealer

If a Dealer, please provide name, address, and contact information for firm:

Collecting interests: _____

I certify that the information on this application is correct. I have never been expelled from any philatelic organization.

Signed: _____ **Date:** _____

(An ARA member co-signer is required if an applicant is under 18 years of age.)