



GARFIELD HTS. COIN CLUB

5407 TURNEY ROAD, GARFIELD HTS. OHIO

APPLICATION FOR MEMBERSHIP

PLEASE PRINT

NAME: _____

BIRTH DATE: ____/____/____

STREET
ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____

E-MAIL ADDRESS: _____

NAMES OF OTHER COIN CLUBS TO WHICH YOU BELONG:

1. _____ 2. _____

3. _____ 4. _____

HOW DID YOU HEAR ABOUT US?

____ FRIEND _____ FAMILY _____ COIN SHOW

____ INTERNET _____ CLUB FLYER

____ WORD OF MOUTH

____ OTHER: _____

-----DO NOT WRITE IN THIS SPACE-----

Date of Application: _____ Membership Number: _____

Dues: \$5.00 per member