South Dakota Coin and Stamp Association, Incorporated

Application for Individual Membership

_____ _____ _____ _____ _____

Prefix First Name M.I. Last Name Suffix

_____

Street Address

_____ _____ _____-_____

City State Zip Code

_____-_____-_____ _____

Date of Birth Driver's License Number

Do you belong to any local SD coin or stamp clubs? Yes / No

If yes, which do you attend most regularly? _____

Please list other collecting organizations to which you belong, if any.

_____#_____

_____#_____

_____#_____

_____#_____

What are your collecting interests?

_____

_____

_____

How or from whom did you learn about the SDC&SA? _____

Please list three references: personal, collector, or dealer: (Name, Business, City, and Phone)

_____

_____

_____

What type of membership are you applying for? Regular $6/year , Regular Life $50, or Junior $1/year

(You may pay for the current calendar year and up to two calendar years in advance for Regular Memberships. Junior Members may pay in advance for all calendar years until and including the one containing their eighteenth birthday. There is no discount for partial years. No refunds once dues are submitted.)

For which years are you including payment? _____

After signing statement below, send form and payment to SDC&SA; PO Box 297; Pierre, SD 57501-0297

I hereby apply for membership to the South Dakota Coin and Stamp Association, Incorporated (SDC&SA). By submitting this signed application, I grant the SDC&SA permission to verify all information presented and to perform whatever background checks the SDC&SA feels are appropriate. I understand that my membership will not become effective until this application is approved by the Board of Directors of the SDC&SA, irrespective of any communication from any individual officer or member, the acceptance of dues by SDC&SA, issuance of Membership Number, receipt of Membership Card, or enjoyment of member privileges.

Once accepted by the Board of Directors for membership, I promise to abide by all rules and regulations included in the Bylaws of the SDC&SA and to act in a responsible manner becoming to a Member. I understand that my membership may be revoked by action of the Board of Directors if, in their sole judgement, I have not been a member of good character. I also understand that all my member privileges will cease once my membership expires due to nonpayment of dues.

Signed:_____ Date:_____