



NUMISMATIC CONSUMER ALLIANCE, INC.

A P P L I C A T I O N F O R M E M B E R S H I P

PLEASE PRINT OUT AND COMPLETE

Name _____

Date of Birth _____

Residence Address _____
(Street) (City) (State) (Zip)

Mailing Address (if different) _____
(Street) (City) (State) (Zip)

Residence Telephone (_____) _____
(Area Code)

Email _____

Business Name _____

Business Address _____
(Street) (City) (State) (Zip)

Business Telephone (_____) _____ Fax: _____
(Area Code)

Email: _____ website: _____

Are you the sole proprietor of the above named business? Yes _____ No _____ Title _____

Are you a partner of the above named business? Yes _____ No _____ If yes, list other partners:

Are you a collector or a dealer? _____

I have been engaged in the business of selling coins for _____ years.

I am a citizen of _____

I am a member of the following numismatic organizations: _____

NUMISMATIC REFERENCES:

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

BANK REFERENCE:

My bank is _____ Contact Person: _____

Bank Address: _____

Telephone: _____ Fax: _____

Have you ever been convicted of a felony? Yes _____ No _____ (If yes, please give details on separate page)

ANNUAL MEMBERSHIP CONTRIBUTION COMMITMENT:

- Bronze Member \$100 per annum
- Silver Member \$500 per annum
- Gold Member \$2500 per annum
- Founder Member \$10,000 per annum
- Additional Contribution \$ _____
- I do not wish to be a member at this time, but would like to contribute \$ _____

I agree that the statements and documents submitted on this application and with this application, or required to be submitted subsequently, are true and accurate to the best of my knowledge.

Date _____ Signed _____

Print your name _____

Mail to: Numismatic Consumer Alliance, Inc., P.O. Box 144, Bedminster, NJ 07921