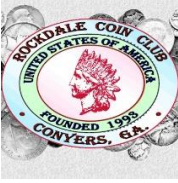


Application for Membership



Rockdale Coin Club
P.O. Box 1255
Conyers, GA 30012



PLEASE PRINT

NAME FIRST _____ MI _____ LAST _____
NAME YOU PREFER TO BE CALLED _____

MAILING ADDRESS STREET OR PO BOX _____
CITY _____ STATE _____ ZIP _____

PHONE _____ DAY/NIGHT CELL? _____
THIS IS REQUESTED SO WE CAN CALL YOU IF WE CANCEL A MEETING, ETC.

PLEASE LIST IF YOU ARE A MEMBER OF ANY OTHER CLUBS OR NUMISMATIC ORGANIZATIONS:

WHAT AREAS OF COIN COLLECTING ARE YOU PARTICULARLY INTERESTED IN?

WHAT ABILITIES OR KNOWLEDGE SKILLS CAN YOU CONTRIBUTE TO THE CLUB, SUCH AS GRADING OR A SPECIAL NUMISMATIC FIELD?

DATE _____ **SIGNATURE** _____

CLUB ACTION:

DATE PAID:

MBR #: