

# DUNEDIN PHILATELIC SOCIETY

P.O. BOX 753

DUNEDIN



## APPLICATION FOR MEMBERSHIP

DATE:-----

I wish to become a member of the Dunedin Philatelic Society and I agree to abide by the Society's Rules.

Mr/Mrs/Ms/Other----- (*Cross out titles that do not apply, and/or write another title in the space provided.*)

NAME:-----

ADDRESS:-----

OCCUPATION:-----

TELEPHONE:-----

To which other Philatelic Organisations do you belong?-----

What are your collecting interests?-----

Do you wish to receive Exchange Books?

YES/NO

*Please note: If an applicant is under 18 years of age, a written consent from a parent or guardian is needed before the applicant can receive books, declaring that the person will be fully responsible while the books are in the possession of the member, and that all stamps and covers, etc., taken from the books are paid for.*

My subscription of \$        is enclosed herewith.

SIGNED:-----

PROPOSOR:-----

SECONDER:-----

DATE ACCEPTED:-----