



Membership Application
Albuquerque Coin Club
PO Box 11602, Albuquerque, NM 87192
www.albuquerquecoinclub.com



Scan Me

1. Date of application: (mm/dd/year) _____
2. Type of Membership: (Check one) New Membership _____ Renewal Membership _____
3. If Renewal, please provide your Club Membership Number _____ (otherwise leave blank)
4. Name: (First) _____ (Last) _____
5. Date of Birth: (mm/dd/year) _____ E-Mail: _____
6. Postal Mailing Address: _____ City _____
 State _____ Zip Code _____ Phone #: _____
7. Are you an ANA (American Numismatics Association) Member? Yes ___ No ___ # _____
8. Emergency Contact: Name (First and Last Name) _____
9. Emergency Contact Phone Number: _____
10. Type of Membership: (1, 2 or 3 see below) _____ (If #3 selected, provide Family Member Info below)

The annual membership dues shall be:

1. **Individual Member: \$20 per year**
2. **Young Numismatist (YNs): \$5 per year** (age 17 Years old or younger) (Separate application for each YN applicant required, unless registering under Family Membership)
3. **Family Membership: \$25 per year for first two members and \$5 for each additional member: Please Check the box with the number of family members:**

2 members = \$25 , **3 members = \$30** , **4 members = \$35** , **5 members = \$40**

(Note: Special rules apply for Adult family members: They must reside in the same home as primary member and are limited to a maximum of 3 adults; Elderly parents/grandparents may live separately, if primary member is responsible for their care. Contact ACC if more than 5 members).

Family Member Names (First and Last Names), and Email Addresses, if Available:

Mail-in application and Payment: Mail payment with printed application to the Albuquerque Coin Club, PO Box 11602, Albuquerque, NM 87192.

Club Use Only

Membership Number: _____

Membership Year: _____

Date Application Received: _____

Card Issued (Date): _____

Mailed To Member (Date): _____

Hand Delivered _____

Dues Received by (Name): _____

Cash/Check/MO _____

Paid Online through Stripe: Date Paid _____

Amount: _____