



State Revenue Society

Membership Application

I hereby apply for membership in the State Revenue Society, and enclose \$_____ * for dues and a subscription to the *State Revenue News*. This entire amount will be refunded to me if this application is not accepted.

* \$17.50 per year. After July 1, \$26.00 for a year and a half. Int'l: 25 USD and 37.50 USD, respectively. You may join for as many years as you like.

Return this application and payment to: Bob Crossman, 8 Sternwheel Dr, Conway, AR 72034-9391

Make checks payable to: State Revenue Society

NAME _____

HOME PHONE _____

EMAIL _____

WORK PHONE _____

MEMBERSHIP TYPE New member
 Reinstatement (Former SRS #____)

MOBILE PHONE _____

MAILING ADDRESS _____

COMPANY _____
If stamp dealer

REVENUE COLLECTING INTERESTS _____

CURRENT PHILATELIC MEMBERSHIPS _____

HOW DID YOU HEAR ABOUT US? _____
If a person, please name them

CONTACT INFO OF ANYONE YOU THINK WE SHOULD INVITE TO JOIN THE SRS _____

I have never been expelled from a philatelic organization. I certify this information is accurate.

SIGNATURE _____ DATE _____

SRS Use Only

Date Received

Payment Received

Accepted

Rejected

SRS #