



LAS VEGAS NUMISMATIC SOCIETY

Membership Application

Date: _____ (Please print clearly and list all names who wish to become members.)

Adult (\$20.00 each)

Junior – under 18 (\$5.00 each)

of Adults

of Junior

Total Amount \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Are you an ANA member? Yes No

If "Yes" please write ANA #: _____

Your application will be submitted to the Board and general membership of the LVNS for approval at the next regular meeting. Please try to attend meetings often to remain in good standing and eligible for club events. You can send your application and payment made out to LVNS by mail to the following address: LVNS, 6845 Hathaway Dr., Las Vegas, NV. 89156
Thank you for your interest in our club.

How did you hear about the club? _____

Recommended by: _____

Signature of Applicant: _____ Date: _____

Parent/Guardian Consent Signature: _____ Date: _____

Check #: _____ Collected by: _____

Board Approval Yes No Date: ____/____/____