

AMCAL MEMBERSHIP APPLICATION

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WHAT YOU COLLECT: _____
(if you are new collector - just put in General)

FAVORITE CATEGORIES:

1.	4.
2.	5.
3.	6.

WOULD YOU LIKE TO TRADE WITH OTHER COLLECTORS: YES _____ NO _____

ANNUAL DUES: \$5.00 - PAYABLE APRIL 1

SIGNATURE: _____

**PLEASE RETURN THIS COMPLETED FORM AND DUES PAYABLE TO:
AMCAL**

**attn: Loren Moore
PO Box 1181
Roseville, CA 95678**