

**FIRST CANADIAN COLLECTORS CLUB
MEMBERSHIP FORM**

**PLEASE PRINT, FILL OUT FORM AND MAIL WITH YOUR PAYMENT
TO:**

**FIRST CANADIAN COLLECTORS CLUB - MEMBERSHIP APPLICATION
3012 - 17 AVENUE SE #5, PO BOX 85126
CALGARY, AB T2A 7R7**

**ENCLOSED IS \$ _____ (\$15 PER PERSON FOR MEMBERSHIP
JANUARY 1 TO DECEMBER 31)**

NAME(S)

TELEPHONE _____

ADDRESS _____

CITY _____ **POSTAL CODE** _____

E MAIL _____

ITEMS COLLECTED

MY NAME MAY BE PUBLISHED IN THE CLUB ROSTER - YES / NO

TELEPHONE NUMBER MAY BE PUBLISHED - YES/NO

DATE _____

SIGNATURE _____