



The Rochester Numismatic Association, Inc.

P.O. Box 10056, Rochester, NY 14610-0056 — www.the-rna.com

Member: American Numismatic Association (Branch #2 – Life Club #8) Token and Medal Society
Canadian Numismatic Association Empire State Numismatic Association
American Numismatic Society Rochester Museum & Science Center

Meeting 1st and 3rd Thursdays - September to June
at the Rochester Museum & Science Center, Eisenhart Auditorium,
657 East Ave., Rochester, NY 14607

APPLICATION FOR R.N.A. MEMBERSHIP

Annual Dues: \$25.00 Individual; or \$25.00 Family, (Spouse must sign.)

I hereby make application for membership in the Rochester Numismatic Association, Inc. (R.N.A.), and I agree to abide by the By Laws of the Association. See procedure below. **(Starred (*) Items Required.)**

Date: _____

NAME*: (Please Print) _____
(First) (M.I.) (Last)

SPOUSE NAME – if Family Membership*: _____
(First) (M.I.) (Last)

SIGNATURE(s)*: 1. _____ 2. _____

ADDRESS*: _____
Street City State ZIP+4 *

E-MAIL*: _____ PHONE*: (_____) _____
 Indicate if no e-mail.

RNA News Delivery Preference*: e-Mail U.S. Mail Both (e-Mail will be used unless marked)

Have you been an R.N.A. member previously? No Yes When? _____

Are you a member of other numismatic organizations? No Yes _____
Please list.

Collecting Interest: _____
Please list your main and general interests. Use back of form if necessary. See Back Side

In accordance with Article II, Section 1, any person of the age of 18 years or over whose membership application and fee have been received by the Membership Committee, as provided in Article VI, Section 2, may become a member.

In accordance with Article VI, Section 2, the Membership Committee shall consist of three members. Upon receipt of a membership application form and fee at any regular meeting, the Committee shall introduce the applicant and provide him/her with an RNA information packet. The Committee shall determine the next member number, complete a membership card, and present the card accordingly. Membership cards shall be mailed to those who submit their application by mail.

Received: \$ _____
 Check No. Cash

Accepted (Date): _____

By: _____

Informed/Card Sent (Date): _____

Received (Date): _____

RNA Membership No.: _____
For this fiscal year.