



# Maryland Token And Medal Society

## Application for Membership

Print Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

My Collecting Interests Are: \_\_\_\_\_  
\_\_\_\_\_

Other Numismatic Affiliations: \_\_\_\_\_  
\_\_\_\_\_

*I hereby apply for membership to the MARYLAND TOKEN AND MEDAL SOCIETY, INC., subject to its Constitution and Bylaws. Applicants under 18 years of age must have a Parent / Guardian signature.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Yes, you may publish my name, address, and email in the MD TAMS Journal Membership Roster.
- No, publish my name only in the MD TAMS Journal Membership Roster.

Recommended by Member: \_\_\_\_\_

*A \$10.00 fee must accompany this application for full current year dues. Members who join after July 1st should enclose \$5.00 for membership through December 31st of the current calendar year. January begins a NEW dues year.*

Mail Completed Applications To:

**MD TAMS MEMBERSHIP  
2917 CHURCHVILLE RD  
CHURCHVILLE, MD 21028**