



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 \$15.00 fee must accompany this application for full current year dues. Members who join after October 1st should enclose \$7.50 for membership through March 31st of the next calendar year. April begins a NEW dues year.

Mail Completed Applications To:

**MD TAMS MEMBERSHIP
P. O. BOX 28253
PARKVILLE, MD 21234**