

MEMBERSHIP APPLICATION

**Please print out this application, fill it out and mail it
with your dues payment to our Membership Chairman.**

CONFEDERATE STAMP ALLIANCE APPLICATION

Please complete form and mail to:

Date: _____

Col. Larry Baum
316 W. Calhoun St.
Sumter, SC 29150

I hereby submit my application in the **Confederate Stamp** Alliance. If elected to membership, I agree to be bound by the Constitution and By-Laws of the Alliance. Membership includes a subscription to *The Confederate Philatelist*, published quarterly.

NAME: _____ Under 18? _____ YES _____ NO

ADDRESS: _____ Collector? _____ YES _____ NO

CITY: _____ STATE: _____ Dealer? _____ YES _____ NO

ZIP: _____ COUNTRY: _____ Other Philatelic Memberships:

EMAIL ADDRESS: _____ APS # _____ USSS # _____

OCCUPATION: _____ USPCS # _____ ASDA # _____

Home Phone: _____ Work: _____ OTHERS: _____

CSA Collecting Interests: _____ Previous CSA Member: _____ YES
_____ NO

If yes, previous Member

Mailing addresses of new members are published in *The Confederate Philatelist* as required by our By-Laws. If you do not wish to have your Email address published, please check here. _____

PLEASE ALLOW 4 – 6 WEEKS FOR THE APPLICATION TO BE PROCESSED. PLEASE
REMIT AMOUNT INDICATED BELOW WITH YOUR APPLICATION.

	Dec, Jan, Feb	Mar, Apr, May	Jun, Jul, Aug	Sep, Oct, Nov*
Active (age 18 and over)	_____ \$32.00	_____ \$24.00	_____ \$20.00	_____ \$34.00
Junior (under age 18)	_____ \$18.00	_____ \$15.00	_____ \$13.00	_____ \$20.00

* Last quarter application fee includes dues for the following year.

NOTE: Applicants residing outside the United States, Canada or Mexico **MUST** add \$24.00 to the application schedule. PAYMENT MUST BE IN U. S. FUNDS DRAWN ON A U. S. BANK OR INTERNATIONAL MONEY ORDER, made payable to the **Confederate Stamp Alliance**.

REFERENCES:

Each applicant **MUST** provide character references below. Full names, addresses and numbers should be given as all references will be contacted as required by our By-Laws. If the application is for a Junior Member, the GUARANTOR must provide references.

Name and address of TWO character references (philatelic preferred, but not required):

NAME: _____ EMAIL: _____

ADDRESS: _____ Home Phone: _____

CITY: _____ STATE: _____ Work Phone: _____

ZIP: _____ COUNTRY: _____

NAME: _____ EMAIL: _____

ADDRESS: _____ Home Phone: _____

CITY: _____ STATE: _____ Work Phone: _____

ZIP: _____ COUNTRY: _____

If applicant is under age 18, please provide name and address of Guarantor:

NAME: _____ EMAIL: _____

ADDRESS: _____ Home Phone: _____

CITY: _____ STATE: _____ Work Phone: _____

ZIP: _____ COUNTRY: _____ Relation To Applicant: _____

Guarantor shall be responsible for all debts incurred by Applicant to the Alliance or any of its members until Applicant reaches eighteen years of age.

I agree to the conditions stated on this application and authorize the above-stated parties to release financial or character reference information on myself to the Confederate Stamp Alliance.

Signature of Applicant: _____

Signature of Guarantor (if applicable): _____

I hereby endorse the above Applicant and propose for membership in the Confederate Stamp Alliance (Proposer must not be one of the references above).

Proposed by: _____ CSA # _____

Rev. 11/12