

CONFEDERATE STAMP ALLIANCE Membership Application

Print, fill out, & mail to the CSA Membership Chairman:
Col. Larry Baum, 316 W. Calhoun Street, Sumter, SC 29150

I hereby submit my application for membership in the Confederate Stamp Alliance. If elected to membership, I agree to be bound by the Constitution and By-Laws of the Alliance.

I enclose the amount indicated below. This amount includes a non-refundable processing fee plus dues for the balance of the fiscal year. One half of the dues is for a subscription for *The Confederate Philatelist*, to start with current or next issue as appropriate. Mailing addresses of new members are published in *The Confederate Philatelist* as required by the Alliance By-Laws.

Name _____ E-mail _____

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. _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone (Home) _____ (Work) _____ Occupation _____

Collector? ___ YES ___ NO; Dealer? ___ YES ___ NO; Collecting Interests: _____

Have you ever been a CSA member? No [] Yes [] Former member # _____

Member of APS # _____ USPS # _____ ASDA # _____ Other _____

For adult (18+) membership, please remit the amount indicated for application submitted in:

December, January, February - \$28.00

March, April, May - \$20.00

June, July, August - \$16.00

September, October, November - \$30.00 (*This represents last quarter + ensuing year's dues*)

NOTE: Applicants residing outside of the United States, Canada or Mexico must add \$10.00 to the applicable schedule. **ALL PAYMENTS MUST BE IN U.S. FUNDS AND DRAWN ON A U.S. BANK OR INTERNATIONAL MONEY ORDER made payable to the Confederate Stamp Alliance.**

REFERENCES: Each applicant MUST give references as to his/her character by completing the items listed below. Full names and addresses must be given as all references will be contacted as required by Alliance By-Laws.

Names of 2 character references (philatelic preferred, but not required):

Name 1 _____ E-mail _____

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Name 2 _____ E-mail _____

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

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

Signature of applicant _____ Date _____

Proposed by (signed) *Patricia A. Kaufmann, CSA #1474* (Proposer may not be one of the references above)