NIAGARA FRONTIER COIN CLUB MEMBERSHIP APPLICATION

Name _____

Business Name _____ Phone # (_____

Address _____

City _____ State _____ Zip _____

e-mail Address _____

Are you a member of the American Numismatic Association? ___ YES ___ NO

If you are, what is your membership number? _____

Dues per year: ❑ Family *(Spouse or Child)* $20.00 ❑ Regular $15.00

Signature _____ Date _____

Do not write in box MEMBERSHIP INFORMATION: Mike Vaccaro / vac5550@gmail.com / 716-481-0738

Dues Paid for ____Year(s) to Dec. 31, 20___$ _____ Date_____