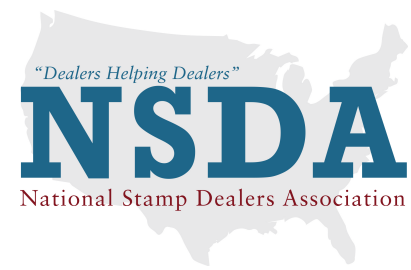


NSDA Membership Application

Mail application to the NSDA Office

Use this form to introduce a new or reinstating member and receive your 2020 membership FREE!*



Date: _____

Your Name: _____
first name middle initial last name

Business

Name: _____

Physical Address (if you have a physical store)

No & Street _____

City _____ State (prov) _____ Zip or Postal Code _____

Country _____

Mailing Address:

No & Street or PO Box _____

City _____ State (prov) _____ Zip or Postal Code _____

Country _____

Business Phone: _____

Business Fax: _____

Business Cell: _____

Email address: _____

Website address: <http://www.>_____

Specialties: _____

Full Time Dealer Part Time Dealer

NSDA requires its members to:

1. Be a Member in good standing in the APS (American Philatelic Society) APS# _____

2. Hold a current State Sales Tax License. Please give your local State: _____ Retail Sales Tax Lisc. # _____

If you are from a state without sales taxes, please provide a license from another state where you collect sales tax.

If you do not have a retail sales tax license, provide a copy of your State or Country business license.

Have you ever been expelled from, censured, or placed on probation by a philatelic organization? Yes or No _____

If yes, please attach a separate letter of explanation to this application.

Philatelic References:

Name _____

Phone Number: _____

Address: _____

Name _____

Phone Number: _____

Address: _____

Dues Structure:

Please allow 2-3 weeks for processing. Application is subject to approval by the Board of Directors. Dues are \$75 per year. Initial fee includes \$10 processing fee and pro-rata dues to end of following year.

Application during:

Jan - March \$85

April - June \$67

July - Sept. \$123 (includes following year)

Oct - Dec. \$104 (includes following year)

I hereby agree to the CODE OF ETHICS of the National Stamp Dealers Association, its rules and regulations, and bylaws. Enclosed with this application are my dues per the graduated dues structure for the current year. Check is payable to NSDA in US Funds Only. Please attach your business card to this application.

Signature of Applicant: _____

Referred by: _____ NSDA (Yes/No) _____