Membership Application

Mail application to the NSDA Office

Date: _____

Your Name: _____ _____ _____
first name middle initial last name

Business

Name: _____

Physical Address (if you have a physical store)

No & Street or PO Box _____

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._____

Speciality: _____

❒ Full Time Dealer ❒ Part Time Dealer

NSDA now requires its members to:

1. Be a member of 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 your from Oregon or any state without sales taxes, please provide a license from another state which you do collect Sales Taxes.
If you do not have a retail sales tax license provie of a copy of your State, or Country business license.
3. If you have ever been expelled from a philatelic organization, please attach a separate letter of explanation to this application with details.

References: (Character References (no relatives), two please. Stamp trade references if possible)

Name _____

Phone Number: _____

Address: _____

Name _____

Phone Number: _____

Address: _____

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. (US Currency Only).

Signature of Applicant: _____

Referred by: _____ NSDA (Yes/No) _____

Please allow 4-6 weeks for processing. Application is subject to approval by the Board of Directors.