MEMBERSHIP APPLICATION

JOHN REICH COLLECTORS SOCIETY
Stephen J. Herrman, Secretary/Treasurer
P.O. Box 6083, Broomfield, CO 80021-6083

Office Use Only
JRCS# _____

Type or Print

Name _____ _____ _____
(Last Name) (First Name) (Middle Initial)

Address _____ Date of Birth _____
(Street Address) (Month Day Year)

_____ Email _____
(Apt / Suite / Other)

_____ Phone (_____)_____
(City) (State) (ZIP Code)

The purpose of the John Reich Collectors Society (JRCS) is to encourage the study of numismatics, particularly United States silver and gold coins minted before the introduction of the Seated Liberty design, and to provide technical and educational information concerning such coins. A member's name and address will not be included in any membership directory issued by JRCS or be disclosed to others without prior consent of such member.

Check the appropriate space below:
___ Collector ___ Collector/Dealer ___ Dealer (Firm Name) _____

Indicate your area(s) of interest in Early United States Coins:

___ a. Flowing Hair Bust Half Dimes
___ b. Draped Bust Half Dimes
___ c. Capped Bust Half Dimes
___ d. Draped Bust Small Eagle Dimes
___ e. Draped Bust Heraldic Eagle Dimes
___ f. Capped Bust Dimes
___ g. Draped Bust Quarter Dollars
___ h. Capped Bust Quarter Dollars
___ i. Flowing Hair Bust Half Dollars
___ j. Draped Bust Half Dollars
___ k. Capped Bust Half Dollars
___ l. Flowing Hair Bust Dollars
___ m. Draped Bust Dollars
___ n. Gold Issues

Guarantee (if Applicant is under 21 years):	Applicant's Agreement:
I guarantee payment by the Applicant of his/her debts or other obligations to JRCS or any of its members. I am 21 years or older. _____ (Signature of Guarantor) Relation to Applicant _____	I hereby apply for membership, and agree to u phold the By-Laws of JRCS. As required by the By-Laws of JRCS, I agree to pay promptly all my debts other obligations to JRCS or any of its members. I enclose a check or money order for $30.00 payable to John Reich Collectors Society for my annual membership contribution, or $750.00 for a life membership in the Society. _____ _____ (Date) (Signature of Applicant)

If applying for reinstatement, please give your former JRCS member # _____

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