## MEMBERSHIP APPLICATION



Office	Use	Only
JRCS#	‡	

Type or Print

Name									
	(Last Name)		(First Name)					(Middle	: Initial)
Address						Date of Birth	l		
	(Street Address)						(Month	Day	Year)
	Email								
	(Apt / Suite / Other)								
						Phone (	_)		
	(City) (Sta	te)	(ZIP C	Code)					
United S technical in any months. Check the	tates silver and gold coins mand educational information embership directory issued be appropriate space below:  Collector Collector/D	inted before a concerning by JRCS or b	the introduction such coins. A see disclosed to	on of mer othe	f the Se mber's r ers with	ated Liberty d name and addr out prior cons	lesign, a ress will ent of su	nd to not b ich m	provide e included
`	Conceton/D		Dealer (1 mm	ı vaiii					
	your area(s) of interest in Ea a. Flowing Hair Bust Half I b. Draped Bust Half Dimes c. Capped Bust Half Dimes d. Draped Bust Small Eagle e. Draped Bust Heraldic Ea	Dimes e Dimes	_	i. j. k.	Flowin Draped Capped	l Bust Quarter g Hair Bust H Bust Half Do l Bust Half Do g Hair Bust D	lalf Doll ollars ollars		
	f. Capped Bust Dimes g. Draped Bust Quarter Dol		_	m.		Bust Dollars			
Guarante	e (if Applicant is under 21 y	rears): App	olicant's Agree	emer	nt:				
debts or of members.	e payment by the Applicant of his/ her obligations to JRCS or any of I am 21 years or older.	its As roothe orde	reby apply for me equired by the By robligations to Jl or for \$25.00 payanbership contribu	y-Law RCS ( able to	vs of JRC or any of o John Re	S, I agree to pay its members. I e eich Collectors S	promptly enclose a cociety for	y all my check of my an	y debts or money inual
	of Guarantor) to Applicant		Date)	(Sig	gnature of A	applicant)			

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

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