



FAIRFAX COIN CLUB MEMBERSHIP APPLICATION

www.FairfaxCoinClub.com

P.O Box 215
Vienna, VA 22183

fairfaxcoinclub@gmail.com

Meetings held second Tuesday at:
Vienna Community Center
120 Cherry Street, SE
www.viennava.gov

Welcome to the **FAIRFAX COIN CLUB!** Please select one of the following membership choices:

_____ Annual Individual Membership - \$20

_____ Annual Youth Membership (under 18) - \$10; birthday _____

_____ Lifetime Individual Membership - \$200

_____ Annual Family Membership - \$30

Please make checks out to **FAIRFAX COIN CLUB**. Annual membership is good for 12 months.

NAME(S) _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

PHONE _____

Please tell us about your coin collecting interests: _____

What are your meeting interests: Auctions? Education? Exhibiting? Officer or Board Membership?

Youth programs? Other?: _____

Please let us know if you'd like information about filling a leadership position in the club.

I hereby apply for membership in the Fairfax Coin Club, for myself or on behalf of a youth or family, subject to the Articles of Incorporation and By-laws.

Signature _____

Submit by mail to the address above or in-person to any officer at a regular club meeting.

For Club Use Only: Membership # _____

Dues received _____ Date received _____ Date accepted _____