



# The Rochester Numismatic Association, Inc.

P.O. Box 10056, Rochester, NY 14610-0056 — www.the-rna.com

Member: American Numismatic Association (Branch #2 – Life Club #8) Token and Medal Society  
American Numismatic Society Canadian Numismatic Association

Meeting 2nd and 4th Wednesdays -7:30 P.M.- September to June  
at the Rochester Museum & Science Center, Eisenhart Auditorium,  
657 East Ave., Rochester, NY 14607

## APPLICATION FOR R.N.A. MEMBERSHIP

Annual Dues: \$25.00 Individual or \$25.00 Family (Spouse must sign)

I hereby make application for membership in the Rochester Numismatic Association, Inc. (R.N.A.), and I agree to abide by the By Laws of the Association. See procedure below. **(Starred (\*) Items Required.)**

Date: \_\_\_\_\_

NAME\*: (Please Print) \_\_\_\_\_  
(First) (M.I.) (Last)

SPOUSE NAME – if Family Membership\*: \_\_\_\_\_  
(First) (M.I.) (Last)

SIGNATURE(s)\*: 1. \_\_\_\_\_ 2. \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_  
# Street City State ZIP+4 \*

E-MAIL\*: \_\_\_\_\_ PHONE\*: (\_\_\_\_\_) \_\_\_\_\_  
 Indicate if no e-mail.

RNA News Delivery Preference\*:  e-Mail  U.S. Mail  Both (e-Mail will be used unless marked)

Have you been an R.N.A. member previously?  No  Yes When? \_\_\_\_\_

Are you a member of other numismatic organizations?  No  Yes \_\_\_\_\_  
Please list.

Collecting Interest: \_\_\_\_\_  
Please list your main and general interests. Use back of form if necessary.  See Back Side

In accordance with Article II, Section 1, any person of the age of 18 years or over whose membership application and fee have been received by the Membership Committee, as provided in Article VI, Section 2, may become a member.

In accordance with Article VI, Section 2, the Membership Committee shall consist of three members. Upon receipt of a membership application form and fee at any regular meeting, the Committee shall introduce the applicant and provide him/her with an RNA information packet. The Committee shall determine the next member number, complete a membership card, and present the card accordingly. Membership cards shall be mailed to those who submit their application by mail.

Received: \$ \_\_\_\_\_  
 Check No.  Cash

Accepted (Date): \_\_\_\_\_

By: \_\_\_\_\_

Informed/Card Sent (Date): \_\_\_\_\_

Received (Date): \_\_\_\_\_

RNA Membership No.: \_\_\_\_\_  
For this fiscal year.