



MEMBERSHIP APPLICATION FOR
ART COVER EXCHANGE



Name _____

Address _____

City _____ State ____ Zip _____ - ____

Birth Date ⁽¹⁾ ____ / ____ / ____ Phone _____

How did you find out about ACE?

With which other philatelic organizations are you associated?

What are your philatelic ⁽²⁾ interests? (stamps, covers, etc. Please list and define.) _____

Please send your check in the amount appropriate, as specified below, made out to: **Joseph K. Doles**, 105 Lawson Road, Rochester, NY 14616-1444. **Please include a sample cover of your work.** You can use it to mail back this application. The cover will be put on file in our archives by our historian and will be pictured in our *ACE Cover-Makers History* album. Your name and interests will be listed in our annual *Handbook* containing our roster. A handbook and updated roster will be sent to you upon receipt of dues.

Annual ⁽³⁾ dues are: for an Individual \$12.00; for Families \$15.00; for Non-U.S. membership \$22.00.

Notes:

(1) A custom of ACE is for members to be recognized on birthday celebration dates. Listing the year of birth is optional.

(2) Please list your non-philatelic collections, hobbies and other interests on the back of this form, or an attached letter, together with a brief paragraph of introduction that may be published in our newsletter. This requirement will promote friendly exchanges with members with common interests.

(3) Dues are for the calendar year. Back issues of the newsletter for the months of the year in which you join will be provided.

Do you have email? _____