



Membership Application for the
Americana Unit of the A T A



First name: _____ (Mr / Mrs / Ms / Miss)

Last Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Phone: _____

Email: _____

ATA # if member: _____ APS # _____

Collecting
Interests: _____

I hereby apply for membership in the Americana Unit.

I agree to abide by the constitution, rules and regulations of the Americana Unit and I am 18 or more years of age.

Signature: _____ Date: _____

MEMBERSHIP CATEGORIES

For \$16.00 a year you will receive a printed copy of the APN mailed to your home address 4 times a year. Please remit in USA funds by check or money order.

For \$8.00 a year and PDF copy of the APN will be emailed to you 4 time a year. Please make sure to indicate your email address above.

Make Checks and Money orders Payable to: Americana Unit and mail to:

Dennis Dengel, 17 Peckham Road, Poughkeepsie, NY 12603-2018

Date Received	Amount Received	Member Type	Membership number
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