



Coinshooters of San Diego

San Diego, Ca.

Membership Application

(Please Print Neatly!)

Name _____ Phone _____

E-mail _____

Family member(s) _____ Relation _____

_____ Relation _____

_____ Relation _____

Address _____

Membership is good for 1 year Jan through Dec.

1 year Single \$20

1 year Family \$30

I, the undersigned, agree to abide by all the rules, constitution, and bylaws of The Coinshooters of San Diego

Signature _____ Date _____

Amount received \$ _____ Cash or Check

Make check payable to: Coinshooters Clique of San Diego

Bring it to a meeting or mail to the treasurer Gene Henderson, 4249 Rous St, San Diego CA, 92122

Received by _____ Position _____