Greater Jacksonville Coin Club P. O. Box48322 Jacksonville, Fl. 32247 Membership Application

Date: _				I	Dues Paid: \$
Type:	Regular(\$10.00)	Spouse_	(\$5.00)	Junior(\$	53.00)
Name(s	s):	·			
Addres	s:	878			
City:			State:		Zip:
Phone:			E-Mail:		
Collect	ing Interest(s):				
Membe	er of: FUN	ANA	ANS	Other	
	bership is subject t livered upon appro		oy Board of	Directors.	Membership card will
		tach and giv			pplicant)

Coin Club Meeting Location
NE Florida Safety Council Bldg.
1725 Art Museum Drive
Jacksonville, Florida
• Second Monday every month - 7:00 P.M.
* Contact Information 904-733-8040