CUPERTINO COIN CLUB

APPLICATION FOR MEMBERSHIP

(Please print)

Name: _____

Street Address: _____

City, State & Zip: _____

Phone #: _____

Email: _____

Please Check: Adult ($5.00): _____ Birth Month: _____

Youth ($1.00): _____ Age (Youth): _____ Birth Month: _____

Signature: _____

(Parent/Gardian, if youth)

Return application & payment to: Cupertino Coin Club, PO Box 448, Cupertino, CA 95015-0448

or email to CupertinoCoinClub@gmail.com for instructions on electronic payment

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