

CUBAN PHILATELIC SOCIETY OF AMERICA

Membership Application

I hereby request membership in the Cuban Philatelic Society of America

Name: _____

Address: _____

Home Phone _____ Work Phone: _____

E-Mail: _____ Fax: _____

Philatelic interests: _____

Membership in other philatelic societies: _____

Other philatelic references: _____

Sponsored by: _____ CPSA Membership #: _____

I enclose the US\$5.00 application fee together with the corresponding annual membership fee:

Regular in the U.S.A.:	\$ 30.00	_____
Foreign membership:	\$ 50.00	_____
Sustaining:	\$ 75.00	_____
Life:	\$ 500.00	_____
Application fee:	\$ 5.00	_____ 5.00 _____
TOTAL \$		_____

SEND TO: **CUBAN PHILATELIC SOCIETY OF AMERICA**
P.O. Box 141656, CORAL GABLES, FL 33114-1656

YOU CAN ALSO NOW PAY US THROUGH **PAYPAL** AT: **cpsa.usa@gmail.com**

Authorization to list all my contact information in the CPSA Member's Directory or CPSA Magazines

I, _____, **DO** authorized the CPSA to list my name and contact information in the next issue of the CPSA Member's Directory or any official listings.

I, _____, **DO NOT** authorized the CPSA to list my **CONTACT information** in any listings, but only my name, city and interests.

Signature: _____ Date: _____

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