

Stamp Dealers Association of Georgia

Membership Application

I hereby apply for membership in the Stamp Dealers Association of Georgia, Inc. I agree, if accepted, to be bound by the Articles of Incorporation, By-laws and Code of Ethics of the Association. My check for annual dues (\$35.00) and the application fee (\$40.00) is enclosed.

Name _____ Date of Birth _____

Business Name _____

Partners or other Shareholders _____

Business Address _____

Business Telephone _____ Email _____

Home Address _____

Years in Business _____ Sales Tax Number & State _____

Banking References _____

Have you ever been rejected or expelled from any philatelic organization? _____

If yes, explain overleaf. Sponsored By _____

Trade Reference: _____

List Area of Philatelic Specialization. The SDAG will not allow non-philatelic items to be sold at any bourse or venue sponsored by the association.

Applicant's signature _____ Date _____

Received By _____ Date _____

First Reading _____ Second Reading _____