

**CONFEDERATE STAMP ALLIANCE**  
**Membership Application**

Print, fill out and mail to the CSA Membership Chairman:  
**Col. Larry Baum, 316 W. Calhoun Street, Sumter, SC 29150**

I hereby submit my application for membership in the Confederate Stamp Alliance. If elected to membership, I agree to be bound by the Constitution and By-Laws of the Alliance.

I enclose the amount indicated below. This amount includes a non-refundable processing fee plus dues for the balance of the fiscal year. One half of the dues is for a subscription for *The Confederate Philatelist*, to start with current or next issue as appropriate. Mailing addresses of new members are published in *The Confederate Philatelist* as required by the Alliance By-Laws. **Please allow 4-6 weeks for application to be processed.**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

*Mailing addresses of new members are published in The Confederate Philatelist as required by our By-Laws. If you do not wish to have your Email address published, please check here.* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation \_\_\_\_\_

Collector?  YES  NO; Dealer?  YES  NO; Collecting Interests: \_\_\_\_\_

Have you ever been a CSA member? No [  ] Yes [  ] Former member # \_\_\_\_\_

Member of APS # \_\_\_\_\_ USPCS # \_\_\_\_\_ ASDA # \_\_\_\_\_ Other \_\_\_\_\_

For adult (18+) membership, please remit the amount indicated for application submitted in:

December, January, February - \$32.00

March, April, May - \$24.00

June, July, August - \$20.00

September, October, November - \$34.00 (*This represents last quarter + ensuing year's dues*)

NOTE: Applicants residing outside of the United States, Canada or Mexico must add \$24.00 to the applicable schedule. **ALL PAYMENTS MUST BE IN U.S. FUNDS AND DRAWN ON A U.S. BANK OR INTERNATIONAL MONEY ORDER made payable to the Confederate Stamp Alliance.**

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**REFERENCES:** Each applicant **MUST** give references as to his/her character by completing the items listed below. Full names and addresses must be given as all references will be contacted as required by Alliance By-Laws.

*Names of 2 character references (philatelic preferred, but not required):*

Name 1 \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Name 2 \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

I agree to the above stated conditions and authorize the above stated parties to release financial or character reference information on myself to the Confederate Stamp Alliance.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Proposed by Patricia A. Kaufmann** (proposer may not be one of the two above named references)

Rev.11/12