

# ATLANTIC CITY CASINO COLLECTIBLES CLUB

c/o Charles Kaplan, 11 Calais Court, Rockville Centre, NY 11570

## Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

### Primary Collecting Interest

Chips       Tokens       Other \_\_\_\_\_

### I have enclosed Annual Dues for:

- |   |         |              |
|---|---------|--------------|
| <input type="checkbox"/> One Year                     | \$ 6.00 | Checks or    |
| <input type="checkbox"/> Two Years                    | \$10.00 | Money Orders |
| <input type="checkbox"/> Associate One Year (Spouse)  | \$ 3.00 | Please       |
| <input type="checkbox"/> Associate Two Years (Spouse) | \$ 5.00 |              |
| <input type="checkbox"/> Foreign                      | \$20.00 |              |

Sponsored by: \_\_\_\_\_

Mail application with payment to the address above.

