

# 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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