

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 | \$10.00 | Checks or |
| <input type="checkbox"/> | Three Years | \$25.00 | Money Orders |
| <input type="checkbox"/> | Associate One Year (Spouse) | \$ 5.00 | Please |
| <input type="checkbox"/> | Associate Three Years (Spouse) | \$13.00 | |

Sponsored by: _____

Mail application with payment to the address above.

