

# CONFEDERATE STAMP ALLIANCE APPLICATION

Please complete front and back of form and mail to:

Col. Larry Baum  
316 W Calhoun St.  
Sumter, S. C. 29150

DATE: \_\_\_\_\_

I hereby submit my application in the **Confederate Stamp Alliance**. If elected to membership, I agree to be bound by the Constitution and By-Laws of the Alliance. Membership includes a subscription to *The Confederate Philatelist*, published quarterly.

NAME: \_\_\_\_\_ Under 18?  YES  NO

ADDRESS: \_\_\_\_\_ Collector?  YES  NO

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Dealer?  YES  NO

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ Other Philatelic Memberships:  
APS # \_\_\_\_\_ USSS # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ USPCS # \_\_\_\_\_ ASDA # \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OTHERS: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Previous CSA Member:  
 YES  NO If yes,  
previous Member # \_\_\_\_\_

CSA Collecting Interests: \_\_\_\_\_

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.

PLEASE ALLOW 4 – 6 WEEKS FOR THE APPLICATION TO BE PROCESSED. PLEASE REMIT AMOUNT INDICATED BY THE DUES SCHEDULE WITH YOUR APPLICATION.

	Dec, Jan, Feb	Mar, Apr, May	Jun, Jul, Aug	Sep, Oct, Nov*
Active (age 18 and over)	_____ \$32.00	_____ \$24.00	_____ \$20.00	_____ \$34.00
Junior (under age 18)	_____ \$18.00	_____ \$15.00	_____ \$13.00	_____ \$20.00

\* Last quarter application fee includes dues for the following year.

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

(Continued on reverse)

## REFERENCES:

Each applicant **MUST** provide character references below. Full names, addresses and numbers should be given as all references will be contacted as required by our By-Laws. If the application is for a Junior Member, the GUARANTOR must provide references.

**Name and address of TWO character references (philatelic preferred, but not required):**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**If applicant is under age 18, please provide name and address of Guarantor:**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ Relation To Applicant: \_\_\_\_\_

**Guarantor shall be responsible for all debts incurred by Applicant to the Alliance or any of its members until Applicant reaches eighteen years of age.**

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

Signature of Applicant: \_\_\_\_\_

Signature of Guarantor (if applicable): \_\_\_\_\_

I hereby endorse the above Applicant and propose for membership in the Confederate Stamp Alliance (Proposer must not be one of the references above).

Proposed by: \_\_\_\_\_ CSA # \_\_\_\_\_