NEW ENGLAND ANTIQUE ARMS SOCIETY

MEMBERSHIP APPLICATION

Please complete the information requested below:			
Name:	Date:		
Street Address:			
City:		State:	Zip:
Home Telephone:	Office:		
Email Address:]	Fax No	
Please indicate your favorite areas o	of study or collecting:		
Sponsoring MemberOther Club Affiliations			
Initial Ar	nnual Membership Fee	- \$25.00	
	time Initiation Fee -		
	ue With Application -		
`	embership in follow-on year		0)
<u>Make</u>	e checks payable to NE	<u>EAAS</u>	
Please read and sign the following a	greement:		
I, the undersigned, agree to abide by Society, Inc. I am at least 16 years of serious crime. I agree with the Sociouscessful achievement.	of age and have never l	been convicted	l of a felony or other
	Signature:		

Please send this completed form along with your check for in the amount of \$75.00 to:

Robert J. Carlson

NEAAS Membership Chairman

66 Youngs Lane

Danielson, CT 06239