

MID-ATLANTIC FEDERATION OF POSTAL HISTORY SOCIETIES  
MEMBERSHIP APPLICATION

**ORGANIZATION**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Address: \_\_\_\_\_

**ORGANIZATION CONTACT**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**DUES AND REGISTRATION FEES**

Annual Dues of **\$100.00** may be sent via PayPal to [dgoodhart@mafphs.org](mailto:dgoodhart@mafphs.org)

or mail a check along with this application to:

MAFPHS  
PO Box 36252  
Canton, OH 44735

**APPROVAL**

Date of Approval: \_\_\_\_\_ Assigned Membership # \_\_\_\_\_

Revised April 24, 2021