

Ebony Society of Philatelic Events and Reflections



MEMBERSHIP FORM ~ *Date _____**

Check one box: new renewal reinstatement

(Please Print)

This is a gift membership

Name _____

Address _____ Apt. # _____

City _____

State _____ Zip Code + 4 _____

Phone # _____

Email _____ \

Name of Sponsor (optional) _____

*****Note: Memberships received after September 30th will be credited to the following year.**

Check Membership Category:

Adult - \$ 25 Youth - \$ 20 ^Family - \$ 40 Foreign - \$ 35

(Under 18 years old)

(Limit 4 family members)

^List names of family members, include birthdates for youth members

1. _____ 3. _____

2. _____ 4. _____

I choose to receive Reflections by email and pay \$5 less in membership fee.

Payment for _____ year(s) I am also adding a donation of \$ _____

Make check / money order payable to: **ESPER**

Mail to: **ESPER Membership**

c/o Rhonda Ingram

3 Middleton Ct.

Hampton, VA 23661-1456.

For Official Use Only Date received _____ Reflections by email

Amount received \$ _____ cash check # _____ m.o. date _____

Membership expires _____ Received by _____