



# Ebony Society of Philatelic Events and Reflections

## MEMBERSHIP REINSTATEMENT FORM

*(Please Print)*

Date \_\_\_\_\_ Date of birth *(required for youth membership only)* \_\_\_\_\_

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Parent / Guardian's Name *(required for youth membership)* \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Check Membership Category:

Youth member *(Under 18 years old)*      Family membership *(Limit 4 family members)*

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

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

### Check the amount of dues being paid:

\*\*\* Three-quarters of the year (April – December)

Adult - \$ 20       Youth - \$ 15       ^Family - \$ 35       Foreign - \$ 30

\*\*\* Half-year (July – December)

Adult - \$ 12.50       Youth - \$ 10       ^Family - \$ 20       Foreign - \$ 17.50

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

**I have added the extra \$10 for the 1<sup>st</sup> quarter issue of *Reflections*.**

I am also adding a donation of \$ \_\_\_\_\_ to help promote the goals of ESPER.

Make check / money order payable to: **ESPER**  
Mail to: **ESPER Membership c/o Rhonda Ingram**  
**3 Middleton Ct.**  
**Hampton, VA 23661-1456**

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*For Official Use Only*

Date received \_\_\_\_\_  *Reflections* by email.       1<sup>st</sup> quarter fee paid

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

Membership expires \_\_\_\_\_ Rec