

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 _____ \
Sponsor _____	

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

Please note: There is a \$2 PayPal fee for each year's renewal, i.e. (2 years x \$2 = \$4) etc.

Check Membership Category:

☐ Adult - \$ 30 ☐ Youth - \$ 25 (*Under 18 years old*) ☐ Foreign - \$ 40

☐ ^Family - \$ 45 (*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.

Donation levels: \$50 – Silver ~ \$100 – Gold

☐ Membership for _____ year(s) = \$ _____ **☐ Donation** of \$ _____

TOTAL FUNDS ENCLOSED \$ _____

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

Mail to: **ESPER Membership, 428 Wortman Ave., Brooklyn, NY 11207-8912**

For Official Use Only Date received _____ ☐ *Reflections* by email

Amount received \$ _____ ☐ cash ☐ check # _____ ☐ money order

Membership expires _____ Received by _____

(Revised: 8/26)