

MBCA Membership Application



Requirement

* Pay annual dues of \$45.00 with a check payable to the MBCA.

Date of Application: _____

Name: _____
First Name MI Last Name

Spouse's Name: _____
First Name Last Name

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: () _____ Home Phone: () _____

Email Address: _____

Names of MBCA members whom you know:

Additional Information:

Are you? (Please check one) Collector Dealer Collector/Dealer

Number of Mechanical Banks in your collection? _____

How many years have you been collecting? _____

Other items that you collect: _____

Please forward your application and a check of \$45.00 for the first year's membership dues payable to the MBCA to the attention of:

Edwina Campbell
MBCA Secretary
1138 Moundview Ave.
Newark, OH 43055

Questions: Contact Edwina at edwinacam@aol.com or 740-517-1063 (cell)