

Membership Application

MF

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

Associate(s): _____

Primary Member Annual Dues:

\$35 US ~ \$40 Canada ~ \$60 Overseas

\$5 additional per each associate per year

Primary Dues: \$ _____

_____ # of associates X \$5 each = \$ _____

Subtotal: \$ _____

Multiply by years: 1, 2, or 3: _____

Total Enclosed: \$ _____

Check or Money Order in US funds payable to: TCCCC
Mail to: The Coca-Cola Collectors Club Membership,
PMB 609, 4780 Ashford Dunwoody Rd., Suite A,
Atlanta, GA 30338

Paypal / online registration: www.cocacolaclub.org

Credit card payments, please fax to: 404-393-0677

Visa/ MC #: _____

Expiration Date: _____

Signature: _____

I do not want my address given to a third party

I do not want my address in the TCCCC Directory

Please allow up to 6-8 weeks for the delivery of your first newsletter.