

San Jose Post Card Club Membership Application

Mail to: P.O. Box 614, San Leandro, CA 94577

Name _____ Phone _____

Address _____ City _____ State ___ Zip _____

Email _____

Collecting Interests _____

_____

Family Members that collect _____

Date of Membership _____

I hereby apply for membership in the San Jose Postcard Club and agree to abide by the Constitution and by-laws of the San Jose Postcard Club. Membership dues of $20.00 / year for adults/families ($6.00 Youth up to age 15) is remitted herewith for the current calendar year.

Signature _____

Date _____

Please mail check and Membership Application to:

San Jose Postcard Club
P.O. Box 614
San Leandro, CA 94577