

**DELAWARE VALLEY  
PAPERWEIGHT COLLECTORS ASSOCIATION**

**Application for Membership**

**Names** \_\_\_\_\_

\_\_\_\_\_   
If applicable, please indicate names of all persons included in membership.

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone:**

**Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Indicate type of membership:**

<b>Individual</b>	_____	<b>\$ 25 Annual Dues</b>
<b>Household</b>	_____	<b>\$25 Annual Dues</b>
<b>Business</b>	_____	<b>\$25 Annual Dues</b>
<b>Quarterly Ads</b>	_____	<b>\$20 per Annum Stateside</b>
	_____	<b>\$30 per Annum Foreign</b>

**Please print out and complete this form, make your check payable to DVPCA and send both form and payment to:**

**DON FORMIGLI, Treasurer  
455 Stonybrook Drive  
Levittown, PA 19055**

**It would be helpful if you would tell us how you heard about Delaware Valley PCA.**