



**OMSA Membership Application:**

Last Name, First Name, Initial:

\_\_\_\_\_ Age: \_\_\_\_\_

Street Address or PO Box:

\_\_\_\_\_

City, State, Zip, Country:

\_\_\_\_\_

Credit Card Name, Number:

\_\_\_\_\_

Expiration Date and Security Code:

Collecting Speciality  
(Optional): \_\_\_\_\_

Print this Internet form on your printer and mail to:

OMSA Secretary Clyde L. Tinklepaugh, Jr.  
P.O. Box 540  
Claymont, DE 19703-0540, USA