



**Harrisburg Coin Club
Youth Membership Form
YOUNG NUMISMATIST CLUB**

Member Contact Information

Name: _____
First MI Last

Address: _____
Street

City State Zip Code

Email: _____ Male _____ Female _____

Cell Phone: _____ Text – YES _____ NO _____

Home Phone: _____

Facebook Name: _____

Parent(s) or Guardian Name(s): _____

How did you learn about the Harrisburg Coin Club? _____

Why do you want to become a HCC YN Club member? _____

What are your numismatic interests? _____

I agree to conform to the terms and conditions set forth in the by-laws of the Harrisburg Coin Club and conduct myself in a professional and courteous manner at all club meetings and functions.

Date of Birth: _____ Required for youth member

Signature: _____ Date: _____

Signature of Parent or Guardian: _____