



American Historical Print Collectors Society

Gift Membership Form

Please fill out this form and mail with your check (payable to AHPCS) to **AHPCS, 94 Marine Street, Farmingdale, NY 11735-5605**. Current AHPCS members may give gift memberships for the introductory, one-time rate for each **new** membership of **\$25 for one year or \$75 for two years**. Please fill out this form *exactly* as you want it to appear in the membership list. AHPCS is a not-for-profit, 501 C-3 Federally Tax exempt organization, and any contribution above the dues for regular membership is tax-deductible.

Your Name: _____	Name of business or institution: _____
Address: _____	City: _____ State: _____
Zip Code: _____ Country: _____	
Email address*: _____	Telephone*: _____

*optional information

I am sending a gift membership to:

Name: _____
 Name of business or institution: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Email address*: _____
 Telephone*: _____

Member type:

1 year (\$25) 2 year (\$75)

Collector Dealer Institution

(A) Artists	(M) Natural History
(B) Audubon	(N) Political
(C) Birds	(O) Portraits
(D) Botanicals	(P) Publishers
(E) Civil War	(Q) Rivers and environs
(F) Currier & Ives	(R) Rural scenes
(G) Domestic animals	(S) Sentimentals
(H) Historic events	(T) Sporting
(I) Winslow Homer	(U) Transportation
(J) Industrial	(V) Views
(K) Maps & atlases	(W) Western & Native Americans
(L) Military	(X) Any and ALL

Other category (specify): _____

For the AHPCS Directory, describe the new member's personal interests or specialties in thirty words or less **OR** circle applicable categories above. **DO NOT CIRCLE CATEGORIES IF YOU PROVIDED A DESCRIPTION BELOW.** Circle as many as desired.

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