



MEMBERSHIP FORM

I am enclosing \$15.00 membership fee

Cash: _____ Check #: _____ Date: _____

Name: _____ Spouse: _____

Children: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____
(Optional)

E-Mail Address: _____

Tell us about yourself. What do you collect?

Please return this membership form with your Dues to:

Chris Edmonds, Treasurer
821 Hiwassee Street
Newport, TN 37821
423-623-2878

MAKE CHECKS PAYABLE TO: TVTC