



Society of Inkwell Collectors

Membership Application

Date: _____ *Please print all information*

Name: _____

Title (circle one): Mr. Mrs. Ms. Dr. other: _____

Address: Home Business Business name: _____

_____ Apt. _____

City: _____

State (Region): _____

Zip code (postal code): _____ Country: _____

Home Phone: _____ Home Fax: _____

Home e-mail: _____ Home Cell: _____

Business Phone: _____ Business Fax: _____

Business e-mail: _____ Business Cell: _____

Are you a dealer? Please include your specialty(ies): _____

Referred by, or how you heard of the SOIC: _____

Areas of interest in collecting inkwells: (use the back if you need more space)

U.S. Address: \$45 for 1 year \$80 for 2 years

Non-U.S. Address: \$55 for 1 year \$100 for 2 year

Credit Card

Visa Master Card (none other accepted) Number: _____

Name on card: _____ Expiration date: _____

Billing address: _____

Check

Make check or money order payable in US Dollars to: Society of Inkwell Collectors

Mail to:

SOIC - Membership
11125 Creekwood Court
Fort Wayne, IN 46814
USA