

AMERICAN CRYPTOGRAM ASSOCIATION MEMBERSHIP APPLICATION

Mail application and dues payment in US funds to:

Charles F. Schretzmann
ACA Treasurer
56 Sanders Ranch Rd
Moraga, CA 94556



Checks and money orders should be made payable to The American Cryptogram Association or ACA.

Date _____

I am applying for membership in the American Cryptogram Association.

New Memberships	North America	Overseas
Regular	\$23	\$32
Full-Time Student*	\$15	\$25
Public and Private Organizations	\$41	\$54

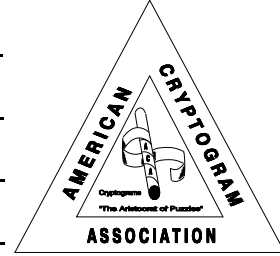
One-Year Renewal	North America	Overseas
Regular	\$18	\$22
Full-Time Student*	\$10	\$15
Members 65 & over with 10 years prior membership	\$10	\$15
Public and Private Organizations	\$36	\$44

Multi-Year Discounts	North America	Overseas
Regular 2 year renewal (save \$1)	\$35	\$43
Regular 3 year renewal (save \$3)	\$51	\$63
Regular 4 year renewal (save \$6)	\$66	\$82
Regular 5 year renewal (save \$10)	\$80	\$100
More than 5 years	Subtract \$10 from total.	

* See student application section on next page. Students must renew annually.

NAME _____

ADDRESS _____



Telephone number (optional) _____

Do you want your phone number published in our Directory? Yes _____ No _____

My first choice of nom is _____

My second choice of nom is _____

No nom selected at this time _____

Amateur radio call sign, if any _____

e-mail, if any _____

How did you hear about the ACA? _____

Signature _____ Date _____

Student Membership Application

To be eligible for ACA Student status, you must meet the following requirements:

- You must be enrolled in an educational institution that grants academic diplomas or degrees (e.g., a high school, college, or university).
- You must be actively pursuing an academic diploma or degree.
- You must be attending as a full-time student.

Most full-time pre-college, undergraduate, and graduate students will satisfy these requirements. Part-time students and those engaged in independent study outside of a formal educational program do not qualify.

If you would like to apply for ACA Student Status, please complete and sign this section of the application and mail it to the ACA Treasurer. Student memberships must be renewed annually.

I am enrolled as a full-time student and am pursuing an academic degree or diploma.

EDUCATIONAL INSTITUTION _____

CITY and STATE _____

DIPLOMA/DEGREE _____ YEAR EXPECTED _____

Signature _____ Date _____