

2024



# CANADIAN TOY COLLECTORS' SOCIETY Membership Application / Renewal Form

www.ctcs.org  
www.ctcs.on.ca/vtm

Complete and Mail to the address shown below

Please Check Membership Category Applied for Below

MEMBERSHIP CATEGORY	SENIOR MEMBER	JUNIOR * MEMBER	FAMILY ** MEMBERSHIP
<b>RENEWAL</b> (within 12 months of expiry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEW MEMBERSHIP</b> (or lapsed membership renewal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Junior Member (12 -17 years and sponsored by a Senior Member)

\*\* Family Membership (2 Adults receiving e-mail at same email address)

Membership Period runs from January 1 - December 31 (must be renewed annually)

NAME: \_\_\_\_\_ MEMBERSHIP # (if renewal): \_\_\_\_\_

### Renewal Applicants

check this box if the following information is unchanged from last year

PHONE #: Res ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Bus ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

POSTAL/ZIP CODE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

(Please Print Clearly with Upper and Lower case as appropriate)

I do NOT wish my name & phone number placed in the Members Directory)

COLLECTING INTERESTS: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(day) (month) (year)

SIGNATURE: \_\_\_\_\_

### PLEASE MAIL or E-MAIL FORM TO:

CTCS Membership Secretary  
P.O. Box 39  
Smithville, ON, Canada  
L0R 2A0

E-Mail: haroldwhitwell@hotmail.com

### FOR MORE INFORMATION:

Website: www.ctcs.org

Virtual Toy Museum: www.ctcs.on.ca/vtm/

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Cash  Cheque  \$ \_\_\_\_\_ Issued: \_\_\_\_\_