REQUEST FOR STUDY UNIT AFFILIATION
WITH THE AMERICAN TOPICAL ASSOCIATION

Please send this form, a copy of the organization's Bylaws, a complete membership roster (with names and addresses), and the most recent issue of the organization's official publication to:

Chris Dahle, ATA Study Units Coordinator
1401 Linmar Drive NE, Cedar Rapids, IA 52402-3724 USA
Email: atastudyunits@gmail.com

Official Name of Your Organization: _____

Year Organized: _____ Number of Members: _____

Purpose of your Organization: _____

Title of your publication: _____

Frequency of publication: [ ] monthly   [ ] bimonthly   [ ] quarterly   [ ] other _____

Annual dues: U.S.$_____ International: _____ Electronic (if applicable): _____

Study unit's services include:

Names, mailing addresses and email addresses of current officers:

President:

Vice-president:

Secretary:

Treasurer:

Editor:

Officer who handles membership:

Directors:

ATA Services for Affiliate Study Units:

- Free reviews of its publication in *Topical Time*, the bimonthly journal of the ATA
- A free meeting room during the annual Great American Stamp Show held at various venues around the country
- A free society table during Great American Stamp Show
- Free publicity in ATA literature, press releases, at stamp shows around the country and to new ATA members
- Free web listing on the ATA web site

To receive these services, the ATA requires all study units to:

- Submit a brief annual report and annual membership roster to the Director of Study Units
- Include the Director of Study Units on the distribution list for its official publication so that it can be reviewed in the "Units in Action" column, a regular feature of *Topical Time*

ATA Affiliated Study Units are encouraged to:

- Promote ATA membership among its members (in study unit publication and on website)
- Publicize ATA publications such as handbooks, DVDs, checklists and *Topical Time* Archives.

The official representative to the ATA from your study unit will be:

_____
(Please note that the ATA representative must be a member of the ATA.)

Representative's Email address: _____

Affiliation Requested by: _____

Your title: _____

Date: _____

Your mailing and email addresses: _____

_____