



## Application for Membership

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Applying for: Individual Membership \_\_\_\_\_ Family: \_\_\_\_\_

Names of other members of your family applying for membership: (if under age 18, please also give year of birth.

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

Hobby related interests (check all that apply)

Lapidary \_\_\_\_\_ Artifacts \_\_\_\_\_ Fossils \_\_\_\_\_ Carving \_\_\_\_\_

Jewelry \_\_\_\_\_ Minerals \_\_\_\_\_ Micromounts \_\_\_\_\_ Field Trips \_\_\_\_\_

Other (please describe) \_\_\_\_\_

I do hereby waive all right to hold the Chesapeake Gem & Mineral Society liable for any personal injury or loss sustained by me or any member of my family while participating in club activities. I also agree to adhere to the rules and regulations of the Chesapeake Gem & Mineral Society as set forth by its Bylaws.

Signature of Applicant: \_\_\_\_\_

Fees are due upon submission of application:

Individual membership – \$15 per year

Family (Max. of 2 adults living in same home and children under 18 years of age residing with them - \$25 per year

Membership application made after June 30 will be prorated for 1/2 year.

Bring to a meeting or mail to:

Chesapeake Gem & Mineral Society, %Steve Weinberger, PO Box 302; Glyndon, MD 21071-0302