

Date of Application \_\_\_\_\_

Member Number \_\_\_\_\_

# CENTRAL MICHIGAN LAPIDARY & MINERAL SOCIETY

## Application for Membership

(one person/family per application, please)

www.michrocks.org

P.O. Box 24202 Lansing, MI 48909



Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email (optional): \_\_\_\_\_

Are you 17 or younger? If so, birth year: \_\_\_\_\_ Have you been a member before? \_\_\_ Yes \_\_\_ No

Are you willing to get the Newsletter by email? \_\_\_ Yes \_\_\_ No. If yes, complete the email address line.

Please circle your interests/hobbies/talents:

Archaeology	Faceting	Intarsia	Metalcraft	Tumbling
Beading	Fluorescents	Jewelry Making	Mineralogy	Wirecraft
Carving	Fossils	Lapidary Crafts	Photography	
Collecting	Geology	Micromounts	Other	_____

Club functions you would be interested in helping with:

Presenter	Field Trips	Newsletter	Website
Rock Show	Board position	Other Club Positions (hospitality, library, etc.)	

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

Signature of Parent/Guardian \_\_\_\_\_

(required if applicant is less than 12 years old)

Endorsed by (Society Member): \_\_\_\_\_

Membership badges are available for \$7. Do you want one? \_\_\_ Yes \_\_\_ No

If "YES" name on badge: \_\_\_\_\_

**When completed, give application to the Membership Chair or mail to P.O. Box**

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**Annual Dues for the calendar year are due in January – Checks payable to CMLMS**

Adult member	\$10.00	Amount Paid _____	Badge Ordered _____
(18 years or older)		___ Cash	Badge Delivered _____
Student Member	\$ 2.00	___ Check No. _____	
(17 years or younger)		Date Received _____	Routing
Family Membership	\$15.00	Received by _____	___ President
		Approval Date _____	___ Membership Chair
			___ Publications Chair/Webmaster