2020 MEMBERSHIP APPLICATION

Name(s) ________________________________________________________________

Address ______________________________City ________State _____ Zip _______

Telephone_______-________________ E-mail ________________________________

Names and ages of dependent members:
________________________________________________________________________

Annual membership dues - Jan. 1 through Dec. 31 are as follows:

Individual (18 and over) …………………………………………… $15.00
Junior (12-17) ………………………………………………………..$5.00
Family (Parents plus dependents under age 18) …………………….$20.00

Annual dues are due on or before March 31.

Print and fill out this form. Send Cash, Check, or Money Order to address above.

Signed ________________________________ Date: ________________

I have previously been a member of CLGMS.    Yes _____ No _____

My interest areas include:
Minerals ___ Fossils___ Lapidary ___ Micromounts ___ Faceting ____Field Trips ____
Other __________________________________________________________________

I would be willing to demonstrate any of the above for a club program or educational activity? If yes, which: ____________________________

Please indicate which of the following activities you might be willing to help with:

Newsletter Editor _____ Secretary _____ Workshops _______ Refreshments_______
Club Officer _____ Meeting Programs _____ Field Trips _____ Webmaster _______
Annual Show _____    Membership ________ Other (please indicate)

Questions about the club or club activities?
Contact Mike Flannigan at mikeflan@att.net

Last updated 4/28/2020