

Date \_\_\_\_\_

**Application for Membership**  
(One person per application, please)

Member No. \_\_\_\_\_

**CENTRAL MICHIGAN LAPIDARY  
& MINERAL SOCIETY**

www.michrocks.org  
15785 Park Lake Road  
East Lansing, MI 48823-9434

(please print)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

Occupation \_\_\_\_\_ Office Phone \_\_\_\_\_

Employed By \_\_\_\_\_

(if student)

School \_\_\_\_\_

E-mail Address \_\_\_\_\_ Winter Address \_\_\_\_\_

(if applicable)

Date of Birth \_\_\_\_\_

Hobbies, Interests, Talents \_\_\_\_\_

I am interested in:

- |                                   |                                    |                                       |                                  |
|-----------------------------------|------------------------------------|---------------------------------------|----------------------------------|
| <input type="radio"/> Archaeology | <input type="radio"/> Fluorescents | <input type="radio"/> Lapidary Crafts | <input type="radio"/> Mineralogy |
| <input type="radio"/> Carving     | <input type="radio"/> Fossils      | <input type="radio"/> Metalcraft      | <input type="radio"/> Tumbling   |
| <input type="radio"/> Faceting    | <input type="radio"/> Geology      | <input type="radio"/> Micromounts     | <input type="radio"/> Wirecraft  |

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

Signature of Parent/Guardian \_\_\_\_\_  
(required if applicant is less than 12 years of age)

Reference (Society Member) \_\_\_\_\_

Membership badges are available for \$7.00. Would you like one?  Yes  No

Your name as you would like it to appear on your badge: \_\_\_\_\_

Have you ever had a previous membership?  Yes  No

(When completed, please return to the Membership Chair)

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Annual Dues: Payable September through February - Checks payable to **CML&MS**

Amount Paid \_\_\_\_\_  Adult Member \$10.00 Badge Ordered \_\_\_\_\_

Cash \_\_\_\_\_ (18 yrs. or older)

Badge Delivered \_\_\_\_\_

Check No. \_\_\_\_\_  Student Member \$2.00

Date Received \_\_\_\_\_ (17 years. or younger)

Routing:

Received By \_\_\_\_\_

President

Approval Date \_\_\_\_\_  Family Membership \$15.00

Membership Chair

Roster Secretary