Central Florida Mineral and Gem Society

6100 South Orange Ave Suite 190A

Orlando, Fl 32809-2900

[www.cfmgs.org](http://www.cfmgs.org/)

Membership Application-20\_\_ [ ] NEW [ ] RENEWAL

Club Dues are:

$20.00 for Single membership Workshop/Class

$10.00 per Minor ages 12 to 18 with parent $6/hour

 The fiscal year is January 1 through December 31. Club dues become payable.

 October through December of each year. Members whose dues are not paid

 by January 31 of the New Year will be dropped from the membership roster.

PLEASE PRINT:

Name Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_\_\_

Name Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: 1st Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By placing my e-mail in the above line, I acknowledge that I will be receiving.

newsletters, club events, show information, and other club related news.

 [ ]  I wish to receive e-mails from the Central Florida Mineral and Gem Society.

I am interested in taking classes:

[ ]  Basic Cabochons

[ ]  Advanced Cabochons Paid On-line [ ]

[ ]  Basic/Advanced Wire Wrapped Cabochons Paid by Cash [ ]

[ ]  Basic Faceting I Pod [ ]

[ ]  Advanced Faceting Check [ ]

[ ]  Gem Trees/Wire Wrap Member:

[ ]  Basic Silversmith

[ ]  Advanced Silversmith

I understand that I can cancel this permission any time in the future.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Date Application Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash \_\_\_\_\_\_\_\_\_Check #\_\_\_\_\_\_\_\_\_\_Credit Transaction #\_\_\_\_\_\_\_\_\_\_

 Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by CFMGS Board 1/8/2020