

Rochester Lapidary Society Membership Application

Check ONE Only:
 Individual Membership \$15.00
 Family Membership * \$20.00

Bring to Meeting/Workshop or Mail to:
DANIEL SPERBER
PO BOX 263
HILTON, NY 14468

Check ONE Only:
 New Membership
 Renewal Membership

Newsletter Preference:
 Email (free to any member)
 Snailmail/Both (additional \$10/address/year)
Additional charge is to cover printing & postage.

PLEASE MAKE CHECKS PAYABLE TO THE ROCHESTER LAPIDARY SOCIETY

Please fill out the membership application in its entirety. Anyone applying for membership or any member that would like to renew their membership must fill out this application and provide us with your name(s), address, telephone number and email address (if you have one). We need a mailing address and telephone number for contact purposes. Any information provided will be kept private and secure and will not be shared with any other member except the Executive Board of the Rochester Lapidary Society. No information will be sold or given to any advertisers or any other third parties. In accordance with the club's bylaws and operations procedures, membership acceptance is at the discretion of the Executive Board of the Rochester Lapidary Society.

* In accordance with the club's bylaws and operations procedures, a Family Membership is to include up to 2 adults and minor children (under the age of 16) residing in one household, receiving one single newsletter. An individual membership consists of any single adult age 16 and older. If any of your information is unlisted or private, please make a note of it at the bottom of this application. If you have multiple email addresses please write them below the line or on the back of this application.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Family membership additional names: (year of birth required for children under the age of 16)

Name/Year Born: _____

Name/Year Born: _____

Name/Year Born: _____

Name/Year Born: _____

Additional names are so that we may include them for
Eastern Federation Dues and third-party liability insurance.

By signing below, I hereby submit my application for membership into the Rochester Lapidary Society:

Signature: _____ Date: _____

Membership Use Only	
Date Received	_____
Paid By Check #	_____
Paid By Cash	_____