

Rochester Lapidary Society Membership Application

Check ONE Box:

___ Individual Membership \$15.00 *NEW*
___ Family Membership * \$20.00 *NEW*

Check ONE Box:

___ New Membership ___ Renewal

Bring to Meeting/Workshop or Mail to:

DANIEL SPERBER
PO BOX 263
HILTON, NY 14468

PLEASE MAKE CHECKS PAYABLE TO THE **ROCHESTER LAPIDARY SOCIETY**

* A family membership will consist of a husband and wife; a husband, wife and children under 16 years of age; grandparents and grandchildren; or a parent and children. A family membership will consist of a maximum of 2 adults, plus children (if any). An individual membership consists of any single adult age 16 and older. **We do require a telephone number** for contact purposes. If your phone number is unlisted, just make a note of it on this form somewhere and we will not publish it when the membership list comes out.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Do you wish to receive the newsletter via: _____ Mail ___ Email ___ Both

(note: it saves the club roughly \$15 per year in postage and printing costs if you use email only)

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.*

WebForm05 – 08142008

<http://www.rochesterlapidary.org>

rsmembership@rochesterlapidary.org

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