Rochester Lapidary Society Membership Application

Check ONE Only: Individual Membership Family Membership *	\$15.00 \$20.00	Bring to Meeting/Wo DANIEL SPER PO BOX 263 HILTON, NY 1	RBER
Check ONE Only: New Membership Renewal Membership			
PLEASE MAKE CHEC	CKS PAYABLE TO	THE <u>ROCHESTER LAP</u>	IDARY SOCIETY
Please fill out the membership apple that would like to renew their mem address, telephone number and em number for contact purposes. Any shared with any other member exceeding be sold or given to any advertise operations procedures, membership Lapidary Society.	bership must fill out hail address (if you ha information provided ept the Executive Boa sers or any other third	this application and prove one). We need a mailing will be kept private and ard of the Rochester Lapid parties. In accordance we	ride us with your name(s), ng address and telephone secure and will not be dary Society. No information with the club's bylaws and
* In accordance with the club's byla adults and minor children (under t An individual membership consists unlisted or private, please make a addresses please write them below	he age of 16) residing s of any single adult a note of it at the botton the line or on the back	g in one household, receiving 16 and older. If any om of this application. If you of this application.	ing one single newsletter. f your information is
Street Address:			
City:			
Home Phone:			
Email Address: ———————————————————————————————————			
Name/Year Born:			
A	additional names are so tha	at we may include them for third-party liability insurance.	
By signing below, I hereby submit i	my application for mε	embership into the Roches	ster Lapidary Society:
Signature:		Date:	
WebForm07 - 01012022			Membership Use Only
http://www.rochesterlapidary.org			Date Received
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Paid By Cash