Rochester Lapidary Society Membership Application

Check ONE Only: Individual Membership Family Membership *	\$15.00 \$20.00	Bring to Meeting/Work DANIEL SPERB PO BOX 263 HILTON, NY 144	ER
Check ONE Only: New Membership Renewal Membership			
PLEASE MAKE CHE	CKS PAYABLE TO	O THE <u>ROCHESTER LAPID</u>	ARY SOCIETY
Please fill out the membership app that would like to renew their mer address, telephone number and en number for contact purposes. And shared with any other member ex- will be sold or given to any adverti operations procedures, membership Lapidary Society.	nbership must fill o mail address (if you y information provid cept the Executive I sers or any other th	ut this application and provide have one). We need a mailing ded will be kept private and see Board of the Rochester Lapidan hird parties. In accordance with	e us with your name(s), address and telephone cure and will not be y Society. No information h the club's bylaws and
* In accordance with the club's by adults and minor children (under An individual membership consist unlisted or private, please make a addresses please write them below	the age of 16) residing the age of 16 residing the standard and the standard the line or on the 10 residue.	ing in one household, receiving it age 16 and older. If any of yetom of this application. If you back of this application.	g one single newsletter. our information is have multiple email
City:		State: — Zip):
Home Phone:	Work:	Cell:	
Email Address:Family membership additional na	mes: (year of birth require	d for children under the age of 16)	
Name/Year Born:			
		that we may include them for nd third-party liability insurance.	
By signing below, I hereby submit	my application for	membership into the Rocheste	r Lapidary Society:
Signature:		Date:	
WebForm07 - 01012022			Membership Use Only
http://www.rochesterlapidary.org rlsmembership@rochesterlapidary.org			Date Received
© Rochester Lapidary Society, Inc. All Righ	its Reserved.		Paid By Check #

Paid By Cash