

(Give to Treasurer) Membership Cards _____ Name Badges _____

Date: _____

WHITE MOUNTAIN GEM & MINERAL CLUB - Membership Application: New _____ Renewal _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type of Membership: Single (\$15.00) _____ Couple (\$20.00) _____

(Give to Editor)

WHITE MOUNTAIN GEM & MINERAL CLUB

P.O. Box 3504 Show
Low, AZ 85902

Membership Application

Yes, I wish to become a member!

Type of Membership (please choose one):

Single (\$15.00) _____ Couple (\$20.00) _____ New _____ Renewal _____

Name _____ Phone _____

(Please Print)

Address _____ City _____ State _____ Zip _____

(Please Print)

E-Mail Address _____

Would you like to receive the club bulletin via the internet? Please check here if you do _____

Would you still want a hard copy by U.S. Post? Check here _____

Date of Birth _____ (Year not Necessary)

(Name & Date)

(Name & Date)

List any junior member names, as a club member, you would like to sponsor:

1- _____ Age _____

(Please Print)

2- _____ Age _____

(Please Print)

Signature _____ **Date** _____

Seasonal Members please list alternate address and months of residency

Address _____ City _____ State _____ Zip _____

Months _____ Phone _____