

Suncoast Gem and Mineral Society, Inc.
Application for Membership

Name: _____
Last Name First Name Spouse's Name

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ **Email:** _____

Type of Membership: _____ Adult Single (\$20) _____ Family (\$30)

Family means spouse and/or at least one child under 18 living in your home.

WHAT TIME AND TALENTS CAN YOU DONATE TO THE CLUB? (for example: retired; lapidary skills; plumbing; grant-writer, machinist, etc.) :

Reason for Joining the Club (Shared, Interest, Education, Field Trips, etc.) _____
 What other Gem clubs are you (or have you been) a member? _____

Service to the club: In order for your membership application to be considered for approval, you must select at least 1 (one) area below where you have an interest and feel you can be of assistance.

(Indicate all areas where you have an interest and can assist YOUR club)	
<p><input type="checkbox"/> A. Serve as a Committee Chairman</p> <p><input type="checkbox"/> B. Serve on a Committee.</p> <p><input type="checkbox"/> C. Assist VP with monthly membership meeting program.</p> <p><input type="checkbox"/> D. Work with Field Trip Chairman on club trips.</p> <p><input type="checkbox"/> E. Assist at annual show: Ticket Booth</p> <p><input type="checkbox"/> F. Assist at annual show: Information Booth</p> <p><input type="checkbox"/> G. Assist at annual show: Club Booth</p> <p><input type="checkbox"/> H. Serve as club officer or board member/ Historian.</p>	<p><input type="checkbox"/> I. Assisting Newsletter Editor (as needed)</p> <p><input type="checkbox"/> J. Assist with Maintenance of the club house.</p> <p><input type="checkbox"/> K. Working as a club Instructor (cabbng, faceting, wire wrap, silversmith, etc.)</p> <p><input type="checkbox"/> L. Hospitality for Monthly Meetings (set-up coffee and supplies)</p>

Use of the club facilities is a privilege of membership in SGAMS. Please be prepared to present your membership card when you come in to use the shop or take a class.

Mail application to: Patricia Church, 2404 15th St. W., Palmetto, FL 34221

revised 12/8/22

Dues Paid? _____ Date: _____

 Membership Chairman Treasurer Date Accepted to Club

Privacy Policy: SGAMS will never sell, trade nor share your personal information received here in any manner and will always protect it and your privacy. Occasionally you will be emailed well vetted offers, publications, or bulletins of interest and in relation to our club, this hobby and similar activities. No officer or member of this club will ever email or text you for money or gift cards, etc., and any such correspondence you receive you should not open, or answer, but report as spam and contact SGAMS with your concerns.