

Suncoast Gem and Mineral Society, Inc.  
**Application for Membership**

**Name:** \_\_\_\_\_  
Last Name First Name Spouse's Name

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

May we publish your contact information to our club members? \_\_\_\_ Yes \_\_\_\_ No

**Occupation(s):** Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

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

**WILL YOU DONATE TIME AND TALENT TO THE CLUB?** \_\_\_\_ Yes \_\_\_\_ No

<u>Reason for Joining</u>	<u>Equipment Owned</u>	<u>Hobby Assets</u>
<input type="checkbox"/> Share Mutual Interest <input type="checkbox"/> Education <input type="checkbox"/> Field Trips <input type="checkbox"/> Club House <input type="checkbox"/> Club Administration	<input type="checkbox"/> Saw <input type="checkbox"/> Flat Lap/Cabber <input type="checkbox"/> Grinder <input type="checkbox"/> Faceting Machine <input type="checkbox"/> Other _____	<input type="checkbox"/> Will show gem and mineral collection to club? <input type="checkbox"/> Hobby slides, CD, VHS <input type="checkbox"/> Other _____

What other clubs are you (or have you been) a member? \_\_\_\_\_

What position(s) have you held in other clubs? \_\_\_\_\_

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

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. Your membership card will be emailed to you at the email address we have on file after we receive your dues.

**Mail application to:** Donna Sapp, 3200 74<sup>th</sup> Avenue North, St. Petersburg, FL 33702

Dues Paid? \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Membership Chairman Treasurer Date Accepted to Club