

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 (cabbing, 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.

MAKE CHECK PAYABLE TO SGAMS and mail to:
 Barbara Kirchheimer, 6190 62nd Ave N #2, Pinellas Park, FL 33781

revised 11/11/22

Dues Paid? _____ Date: _____

Membership Chairman Treasurer Date Accepted to Club