

Date of Renewal: \_\_\_\_\_ Amount Rcvd: \_\_\_\_\_ Ch #/Cash Dues Year: \_\_\_\_\_ Member Number: \_\_\_\_\_

# CENTRAL MICHIGAN LAPIDARY & MINERAL SOCIETY

PO Box 24202, Lansing MI 48909

www.michrocks.org



## Renewal Membership

  
  

**Individual Member \$10.00**

**Family Membership \$15.00**

Adults in same household, Children under 18

**Student \$ 2.00**

### PLEASE UPDATE YOUR INFORMATION FOR OUR RECORDS

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

**Names of Additional Household & Email Address: Please include age of children**

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**SIGN ME UP! CLUB FUNCTIONS** Would you be interested in helping with:

\_\_\_\_ Field Trips    \_\_\_\_ Contributing to Newsletter    \_\_\_\_ Presenter    \_\_\_\_ Board Position    \_\_\_\_ School Liaison  
\_\_\_\_ Silent Auctions    \_\_\_\_ Annual Club Rock Show    \_\_\_\_ Hospitality    \_\_\_\_ Annual Banquet    \_\_\_\_ Handy Person  
\_\_\_\_ IT/Web Design

\_\_\_\_\_  
Signature of Member

Please return completed application with payment to the Membership Chair

**OR**

**Mail completed Application with payment to: CMLMS, PO Box 24202, Lansing, MI 48909**

**Checks payable to: CMLMS**

**Annual Dues for the Calendar Year are due in January.**

### **RECEIPT OF DUES RENEWAL - CENTRAL MICHIGAN LAPIDARY & MINERAL SOCIETY**

**Dues for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Received From:** \_\_\_\_\_