



Antioch Lapidary Club
P.O. Box 91
Antioch, CA 94509-0091

ANTIOCH LAPIDARY CLUB
Application for Membership

Date _____

Name _____ Phone _____

Address _____

Spouse's Name (if married) _____

Email Address _____

Anniversary – Month _____ Day _____

Birthday – Month _____ Day _____

Are you or have you been a member of another lapidary club? _____ If so, name of club, where and when? _____

Do you have: Rock Collection? _____ **Lapidary Equipment?** _____

On a scale of 1 to 10 (10 being highest), rate your interest in the following:

Minerals _____ Micro mounts _____ Faceting _____ Lapidary _____ Tumbling _____ Beading _____

Crystals _____ Fossils _____ Carving _____ Metal Smithing _____ Geology _____ Field Trips _____

Other (please specify): _____

I am interested in supporting the club with:

Shop _____ Property _____ Show _____ Work Parties _____ Museum _____

Educational Presentations _____ Social _____ Juniors Program _____

Emergency Contact Information:

In case of emergency, please contact: _____ Phone: _____

Do you have a preference of hospital if necessary (i.e., Kaiser, etc.)? _____

Physician (for Medical Personnel if necessary): _____

Other medical information you would like to provide (i.e., allergies): _____

Membership Initiation Fee (1st two members) \$10.00 each		Adult Member Fee \$24.00		Spouse or Other Household Member Fee \$12.00		Child Fee (age 10-17) \$12.00		Senior Fee (62+) \$20.00		TOTAL		
# of members	\$	# of members	\$	# of members	\$	# of members	\$	# of members	\$	# of members	\$	

(Membership fees, not including initiation fee, are prorated if joining July 1st or later)

Treasurer's Signature _____ Membership Chair Signature _____

President's Signature _____ Sponsor Member's Signature _____

Pin _____ Bylaws _____ Roster _____ Name Tag _____ Membership Card _____