

THE WICHITA GEM AND MINERAL SOCIETY, INC.

MEMBERSHIP APPLICATION

Adult Junior

I hereby apply for membership in THE WICHITA GEM AND MINERAL SOCIETY, INC. and in making this application agree to abide by the Society's Constitution and Bylaws.

Name: _____	Birthday: _____ <small>Month / Day / Year</small>
Address: _____	Anniversary: _____ <small>Month / Day / Year</small>
City: _____	State: _____ Zip+4 _____
Phone: _____	E-mail: _____
Occupation: _____	Employer: _____ Retired: Yes ___ No ___

(If retired, list previous Occupation and previous Employer)

INTERESTS:

Collecting: _____	Minerals _____	Fossils _____	Artifacts _____
Cutting/Polishing _____	Faceting _____	Field Trips _____	Jewelry Making _____
Other _____			

CLASSES OF MEMBERSHIPS:

Adult - \$10.00: Age 18 years and older.
 Junior - \$5.00: Age 13-17 years. A Parent or other Adult Member must sponsor.
 Under 13 Free with Adult sponsor.

Young people under 16 years of age attending meetings, field trips, or any Society function must be accompanied by an adult who shall be responsible for their safety and conduct.

DUES: The appropriate annual (9/01 - 8/31) dues must accompany this Application. After June 1st, dues for the following year shall also be collected. Current dues to be prorated.

Amount included with this Application: \$ _____
 (Checks to be payable to The Wichita Gem and Mineral Society, or WGMS)

This Application is subject to approval by a majority vote of the BOARD OF DIRECTORS.

Signature (Applicant)	Date
Signature (Sponsor, if Junior Application)	Date

RETURN THIS APPLICATION, with appropriate dues to:

**Membership Chairperson
 Wichita Gem & Mineral Society Inc
 PO Box 1464
 Wichita KS 67201-1464**

Approval Space Only

Dues Paid: Date: _____ \$ _____

Date Approved: _____

Date Dropped: _____