

**APPLICATION TO JOIN
California Federation of Mineralogical Societies**

NAME OF SOCIETY/CLUB: _____

PERMANENT MAILING ADDRESS: _____

MEETING PLACE: _____

MEETING DAY: _____ TIME: _____

NUMBER OF MEMBERS: _____ JUNIOR MEMBERS: _____

PRESIDENT: _____

ADDRESS: _____

VICE PRESIDENT: _____

ADDRESS: _____

SECRETARY: _____

ADDRESS: _____

TREASURER: _____

ADDRESS: _____

MONTH OFFICERS ARE ELECTED: _____

BY-LAWS ENCLOSED: YES _____ NO _____

PAYMENT ENCLOSED: \$ _____ (\$8.00 PER MEMBER: \$2.00 Dues, \$6.00 Insurance).

MAKE CHECK PAYABLE TO CFMS.

SIGNATURE: _____ OFFICE: _____

Please mail this application to:

CFMS
PO Box 1657
Rialto, CA 92377-1657

For use of CFMS Secretary:

Amount of dues/insurance received:

Membership in CFMS approved at: _____ date: _____