## **Burlington Gem and Mineral Club Membership Application**

Thank you for joining the BGMC!

## Please send this form and your check or money order payable to BGMC to: c/o Dylan Gooley 1739 Ridge Road Champlain, NY 12919

BGMC is a member of the Eastern Federation of Mineralogical and Lapidary Societies, Inc. and the American Federation of Mineralogical Societies.

Please fill in the information below. For insurance and AMFED requirements, please indicate the age and birthday month of any minor(s) in the household. Some members find benefit or enjoyment in having a membership card. Please indicate if you or a household member would like one.

| HOUSEHOLD INFO                              | STREET ADDRESS           |             |               |                        |                | CITY                     |           | STATE or<br>PROVINCE                 |  | POSTAL<br>CODE   |  |
|---|--------------------------|-------------|---------------|------------------------|----------------|--------------------------|-----------|--------------------------------------|--|------------------|--|
| HOME ADDRESS                                |                          |             |               |                        |                |                          |           |                                      |  |                  |  |
| MAILING ADDRESS<br>(If different or PO Box) |                          |             |               |                        |                |                          |           |                                      |  |                  |  |
| Membership: Individu<br>Fam                 | ual \$12 📃<br>ily \$20 📃 | Year:       |               | ome / Primary<br>hone: |                | Primary Member<br>Email: |           |                                      |  |                  |  |
| MEMBER INFORMAT                             | ION (Primar              | ry member f | first, if you | ı please)              |                |                          |           |                                      |  |                  |  |
| Last Name                                   | First Name A             |             | Alte          | ternate Phone          |                | Email                    |           | Age and Birth Month<br>(If under 18) |  | Card<br>Desired? |  |
|   |                          |             |               |                        |                |                          |           |                                      |  |                  |  |
|   |                          |             |               |                        |                |                          |           |                                      |  |                  |  |
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| lf you pr                                   | efer that yo             | our child's | photo N       | OT appear in           | publications o | r on the website,        | please cl | heck here. 🕨                         |  |                  |  |

| Appl. Rcvd Date: | Total Pmt Rcvd: | Check #:     |
|------------------|-----------------|--------------|
| Recorded Date:   | Info Sent:      | Office Note: |