Membership Application

YES! I would like to join the **Wayne County Gem and Mineral Club, Inc.** and hereby agree to abide by the Constitutional By-laws of said club. Dues may be paid to the Treasurer at club meetings or by mail. (Please note that our fiscal year runs from Oct.1 to Sept.30)

Single: \$15.00 (US funds)	Family: \$20.00	Student (to age 18) \$10.00 (US funds) DATE:		
NAME				
ADDRESS:		_CITY:	STATE:	ZIP:
PHONE: _()	E-MAIL ADDRESS :			
SPOUSES NAME:	E-MAIL ADDRESS :			
CHILDREN'S NAMES: (Age)				
If family membership, please circle othe	er member in family that w	vill likely be diggir	ng and/or attending meet	tings.
I would like to help with: (circle) Programs	, Meetings Hospitality, Jui	niors program, Sh	ow, Field trips, Records,	.
Please include a self address stam	nped envelope so we m	ay mail your ca	ards back to you.	
Amount enclosed: (US funds)	Checks Payable to: V	Vayne Co. Gem & M	Iineral Club	
Mail To: Wayne Co. Gem & Mineral Clu P.O. Box 4	ıb, Inc.			
Newark, NY 14513-0004				