

Fort Worth Gem and Mineral Club Membership Application

Primary Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Alternate #: _____

Email: _____

Birthday: _____

Additional Family Members:

2nd Adult: _____ Birthday: _____

Child 1: _____ Birthday: _____

Child 2: _____ Birthday: _____

Child 3: _____ Birthday: _____

Child 4: _____ Birthday: _____

Interests: (Check all that apply)

Committees Field Trips Lapidary Rock Show Silversmith
 Newsletter Social Presentations

It is agreed that the Fort Worth Gem & Mineral Club, or any of its members, shall not be held liable for any action or injuries received on account of or while engaged in any activities of or with this club, or any of its members. Juniors must be supervised by their parent or appointed guardian at all club meetings and functions

Signature of Applicant _____

Date _____