

# SFMS APPLICATON FOR 2010 MEMBERSHIP RENEWAL

## The Southeast Federation of Mineralogical Societies, Inc.

Club/Society Name \_\_\_\_\_

### MEMBERSHIP RENEWAL: Due January 1, 2010 through January 31, 2010

In compliance with SFMS By-laws Article I, Section 2, and Article VIII, Section 1, member clubs/societies desiring to renew membership are required to submit to Membership Secretary the following:

Completed Membership Renewal Application ( all 3 pages) with the Annual Dues Check attached (No cash please), based on total members, both Adults & Juniors, on Club/Society rolls as of December 31, 2009.

Annual Dues:                      Total Number of Adult Members                      \_\_\_\_\_

Total Number of Junior Members                      \_\_\_\_\_

\* Total Dues Enclosed @ \$1.25 per member                      \_\_\_\_\_

**\* Does not include optional Liability Insurance fees, which will be billed separately.**

***Mail (Check for dues only), payable to the Southeast Federation or SFMS along with all 3 pages of the Renewal Application and a current list of your members to the following address:***

**Ray Behr  
SFMS MEMBERSHIP SECRETARY  
PO Box 30  
Franklin, NC 28744**

According to SFMS By-laws, Article VIII, Section 1 ---  
Membership renewals are due January 1 through January 31, and are delinquent as of February 1. Delinquent clubs/societies forfeit voting rights at the next Annual Meeting, use of Slide Programs, the right to participate in the Federation's sponsored third-party liability insurance program, the rights of their members to participate in DMC field trips, the rights of their members to attend SFMS sponsored workshops, and receipt of Lodestar (the SFMS federation newsletter.) A club/society delinquent membership may be reinstated to full SFMS Membership upon payment of all dues and fees in arrears before March 1, 2010. **Any club/society not paying all dues and fees in arrears before March 1 will be dropped from federation rolls.** They may be readmitted as a new club/society by submission of an Application for Membership.

**(This requires being voted in as a new club at the next Executive Board Meeting.)**

**Non-paid clubs are delinquent on February 1, 2010**

# SFMS APPLICATION FOR 2010 MEMBERSHIP RENEWAL

## PLEASE PRINT LEGIBLY

Name of Club/Society \_\_\_\_\_

Club Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Meeting Place (facility) \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Club/Society Web Site \_\_\_\_\_ Email \_\_\_\_\_

**Bulletin Name** \_\_\_\_\_ Published: Monthly \_\_ Bimonthly \_\_

Editor \_\_\_\_\_ Quarterly \_\_ Other \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please indicate which officers elect to receive the SFMS LOADSTAR via email:

Pres. \_\_ Recording Sec \_\_ Corresponding Sec \_\_ Treasurer \_\_ Editor \_\_ Other \_\_\_\_\_

### Please indicate which 3 officers wish to receive the AFMS Newsletter:

Pres. \_\_ Recording Sec \_\_ Corresponding Sec \_\_ Treasurer \_\_ Editor \_\_ AFMS Liaison \_\_

## ELECTED OFFICIALS

(List all officers Elected by membership vote & title of office held)

Month Officers Elected \_\_\_\_\_ Month Officers take office \_\_\_\_\_

Officers are elected: Annually \_\_\_\_\_ Other (be specific) \_\_\_\_\_

**President** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1st Vice President** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2nd Vice President** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Corresponding Secretary** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Recording Secretary** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Treasurer** \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# SFMS APPLICATION FOR 2010 MEMBERSHIP RENEWAL

Do you wish to participate in the optional Liability Insurance program? Yes \_\_\_ No \_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Person in your Club/Society who is Federation Liaison in your Club/Society

Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Person in your Club/Society to receive renewal form(s) for next year

Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## COMMITTEE CHAIRS

**Committee** \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please include other officers such as directors, etc. and other pertinent information about your club or society on a separate sheet of paper.**

## CLUB SPONSORED SHOW(S)

**Show Director** \_\_\_\_\_ Email \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Show Dates & Times:

Show location & Address \_\_\_\_\_  
Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_

Show location & Address \_\_\_\_\_  
Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ Day 3 \_\_\_\_\_ Day 4 \_\_\_\_\_

Signature of person submitting this application \_\_\_\_\_

Office Held \_\_\_\_\_