

SFMS APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Name of Club/Society _____

City with which to associate your club: _____

Club/Society Internet URL: http:// _____

Club/Society email: _____

Club/Society mailing address _____

City _____ State _____ Zip _____

Meeting Place _____

Meeting Place Address _____

City _____ State _____ Zip _____

Meeting Day _____ Meeting time _____

Bulletin Name _____

Published: Monthly Bimonthly Quarterly Other _____

Editor _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Name of Federation Liaison in your club _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Name and address of the person in your club who is to receive the renewal form for next year's renewal: (This person must be a club officer):

Renewal Person _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

ELECTED OFFICERS

(List all officers elected by membership vote & description of office held)

Month Officers elected _____ Month officers take office _____

Officers are elected: Annually Other (be specific) _____

President _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Vice President _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Secretary _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Treasurer _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Officer's Title _____ Officer's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Officer's Title _____ Officer's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Officer's

Title _____ Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

NON-ELECTED OFFICERS & COMMITTEE CHAIRS

(List ALL positions appointed by the club president & description of position held)

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Position _____ Person's Name _____

Email _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

CLUB SPONSORED GEM & MINERAL SHOW(S)

(List Information about your club show(s) in this section)

Show Date(s) _____

Town, State _____

Name of Sponsoring Club/Society _____

Show Days & Times:

Day 1) _____ Day 3)

Day 2) _____ Day 4)

Address of Show Location _____

Additional Details

Show Chair/Contact Information (optional)

Email contact (optional)

Show Date(s) _____

Town, State _____

Name of Sponsoring Club/Society _____

Day 1) _____ Day 3)

Day 2) _____ Day 4)

Address of Show Location _____

Show Chair/Contact information (Optional)

CLUB SPONSORED ACTIVITIES

(Include Club sponsored Swaps/Sales, Field Trips, Picnics, etc.. Events open to other SFMS Clubs)

Event Held _____ Date _____ Time _____

Location of Event or Meeting Point _____

Directions (if needed) _____

Signature of Person Submitting Application

Date