

**SFMS APPLICATION FOR MEMBERSHIP RENEWAL
INSTRUCTION SHEET FOR YEAR 2005**

Club or Society Name _____

MEMBERSHIP RENEWAL: (Due January 1, 2005 through January 31, 2005)

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

1. Completed membership renewal application.
2. Annual dues check (no cash please)
(Note: Dues are based on the total individual members, both Junior and Adult, on society/club membership rolls as of December 31, 2004).

Total Number of Adult Members _____

Total Number of Junior Members _____

Adult & Junior Members @ \$1.00 each _____

3. Make check payable to the Southeast Federation and mail with your completed renewal application to the following address:

SFMS MEMBERSHIP SECRETARY
Leo Morris
1599 Nebo Road
Dallas, Georgia 30157

According to SFMS By-laws, Article VIII, Section 1:

Membership renewals are due between January 1, 2005 through January 31, 2005; are delinquent as of February 1, 2005. Delinquent clubs forfeit all voting rights at the next Annual Meeting, use of Slide Programs, Federation-sponsored insurance coverage, and the rights of their members to attend the Federation Workshops. A club/society's delinquent membership can be reinstated to full SFMS membership upon payment all dues and fees in arrears before March 1, 2005. Any member club/society not paying all dues and fees by March 1, 2005, will be dropped from Federation Membership and can only be readmitted by applying for readmission as a new club or society.

**SFMS APPLICATION FOR MEMBERSHIP RENEWAL
DUE JANUARY 1, 2005**

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 _____

Does your club wish to participate in the Federation Liability Insurance Program:

Yes No If Yes name of contact person _____

Email _____ Telephone 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 _____

(▼ Over)

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: _____ Persons'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 _____

(▼ Over)

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)

Email contact (optional)

CLUB SPONSORED ACTIVITIES

(Include Club Sponsored Swaps/Sales, Field Trips, Picnics, etc.. Events open to other SFMS club members.)

Event held _____ Date _____ Time _____

Location of Event or Meeting Point _____

Directions (If needed) _____

Signature of Person Submitting Application

Date