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__________________________

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City________________________State__________ Zip________________________

Officer’s Title________________________ Name____________________________

Email_________________________ Phone Number__________________________

Address________________________________________________________________

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(\nOver)
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)

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