

THE ILLAWARRA LAPIDARY CLUB INCORPORATED.

Registered No. Y 02116-18

APPLICATION FOR MEMBERSHIP

Send to: Secretary, Illawarra Lapidary Club Inc., PO Box 117, Corrimal NSW 2518

I/We hereby apply to join the Illawarra Lapidary Club Incorporated.

Name (Mrs, Ms, Miss, Mr, Dr, Other)

Postal Address **Post Code**

Telephone Home..... **Work**.....

Occupation **Date of Birth**.....

Spouse or Partner if Membership requested.

Name (Mrs, Ms, Miss, Mr, Dr, Other)

Postal Address **Post Code**.....

Telephone Home..... **Work**.....

Occupation **Date of Birth**.....

I/We agree to abide by the Rules/Regulations of the Club.

Signature **Date**.....

Signature **Date**.....

e-mail address**.....

Subscriptions:

- Joining Fee \$10.00 per person
- Annual Insurance **Compulsory** \$4.00 per person
- Annual Membership Member \$20.00
- Family (Inc 12-18 year old) \$35.00
- Concession (Pensioner) \$15.00
- Junior (12 to 18 Years) \$15.00

Pay, Joining Fee, Insurance and appropriate Annual Membership with this Application.

***** Interests – please underline the Club activities that interest you *****

CABOCHON CUTTING, SILVERCRAFT CASTING
GEMSTONE COLLECTING, JEWELLERY MAKING, CARVING
MINERAL COLLECTING, FOSSIL COLLECTING, FOSSICKING

FOR OFFICIAL USE.

Application approved at Executive Committee Meeting held on.....

Signed.....

Joining Fee..... Paid Insurance..... Paid Membership Fee..... Paid

Badge..... Name Tag..... Membership Register.....