

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**.....

Are you a member of another lapidary club or been a member, if so, which club.....

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.....