

Feather River Lapidary & Mineral Society, Inc. Membership Application

Print this page and fill out. Bring to a meeting or mail in with payment.

Mail to: FRLMS, PO Box 2645, Oroville CA 95965

Is this a new ____ or renewal ____ membership?

First and Last Name _____

Additional Adult Member _____

Additional Youth Members (17 and younger) _____

Mailing Address: _____

Mailing City: _____ State: _____ ZIP: _____

Home Phone # with area code: _____

Cell Phone # with area code: _____

Email Address: _____

Additional Email Address: _____

Have you been in a rock club before? _____

How do you plan to pay for your membership?

____ At next meeting (cash, check, or money order) ____ By mail (check, or money order)

Family membership is \$35 (2 adults and children under 17 free), Individual membership is \$25.

For more information on your membership, please contact membership@featherriverrocks.org

SPECIAL NOTE:

On occasion, the FRLMS, Inc. may want to use photographs of you and/or members of your household on social media, website, or publications. Sending this application authorizes the club to use your photograph.