

Cuyuna Rock, Gem & Mineral Society

Membership Application

Instructions: Membership includes family members living in the same household, including children under the age of 18. Dues are \$20 per year per household.

Today's Date: _____

Member Name: _____ Birthday (Mo/Day): _____

Name: _____ Birthday(Mo/Day): _____ Anniversary(Mo/Day): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ E-mail Newsletter: _____ Yes _____ No

Home Phone: _____ Cell Phone: _____

Junior Members:

Name: _____ Date of Birth: Mo _____ Day _____ Year _____

Name: _____ Date of Birth: Mo _____ Day _____ Year _____

Name: _____ Date of Birth: Mo _____ Day _____ Year _____

Name: _____ Date of Birth: Mo _____ Day _____ Year _____

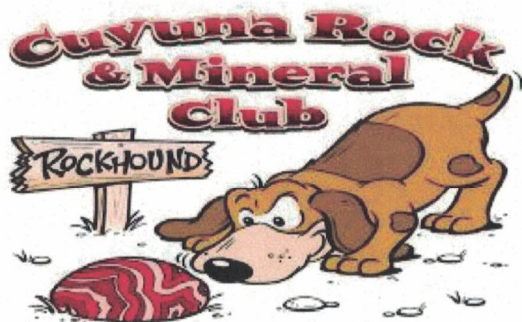
Hobbies/Interests: _____

Membership Committee Approval:

Date Accepted: _____ Dues: \$ _____

Approval: _____

Approval: _____



Please mail to:

Cuyuna Rock, Gem, and Mineral Society, 1001 Kingwood St., Ste. B-40,

Brainerd MN 56401