



# Membership Form



**Contact Our Treasurer:** Nicole Green (228) 344-8066 **Email:** nfouasnon@gmail.com



 <b>HARRISON COUNTY GEM &amp; MINERAL SOCIETY, INC.</b> 	
<b>MEMBERSHIP APPLICATION</b>	
<b>APPLICANT INFORMATION</b> <b>18 YEARS OF AGE</b>	
<b>SINGLE \$20.00</b>	
Name:	Email:
Date of birth (Mo/Day):	Anniversary: (Mo/Day)
Current address:	Cell Phone:
City:	Home Phone:
State / Zip Code:	Work Phone:
<b>CO-APPLICANT / SPOUSE INFORMATION</b> <b>TWO ADULTS &amp; ALL MINORS UNDER 18 YEARS OF AGE/AT SAME ADDRESS</b>	
<b>FAMILY \$30.00</b>	
Co-Applicant / Spouse:	Email:
Date of birth (Mo/Day):	Cell Phone:
	Work Phone:
<b>JUNIOR INFORMATION</b> <b>UNDER 18 YEARS OF AGE ☆ SPONSORED BY AN ADULT</b>	
<b>JUNIOR \$10.00</b>	
Name	Birthday (Mo/Day/Year)
Relationship:	
Name	Birthday (Mo/Day/Year)
Relationship:	
Name:	Birthday (Mo/Day/Year)
Relationship:	
Name	Birthday (Mo/Day/Year)
Relationship:	
<b>☆ EMERGENCY CONTACT INFORMATION ☆</b>	
Name:	
Relationship:	Home Phone:
	Cell Phone:
<b>INTEREST INFORMATION</b>	
<b>Hobby Interest:</b> <input type="checkbox"/> Fossils <input type="checkbox"/> Minerals <input type="checkbox"/> Lapidary ( <input type="checkbox"/> Cabbing, <input type="checkbox"/> Faceting, Etc.) <input type="checkbox"/> Field Trips (Creeks, Gravel pits, Mines, Etc.) <input type="checkbox"/> Special Interests _____	<b>(Each applicant initial interests)</b>
<input type="checkbox"/> Beading <input type="checkbox"/> Kumihimo <input type="checkbox"/> Pearl Knotting <input type="checkbox"/> Other _____	<b>Jewelry Interest:</b> <input type="checkbox"/> Wire Wrapping <input type="checkbox"/> Chainmaille <input type="checkbox"/> Silversmithing
<b>APPLICATION FEES</b>	
<b>Applications can be mail to:</b> Harrison County Gem & Mineral Society P. O. Box 10136, Gulfport, Ms. 39505	
Single \$20.00    Family \$30.00    Junior(s) \$10.00 Each	<b>DUES: \$</b>
<b>Dues:</b> Circle One <b>NEW RENEWAL</b> <b>No Proration</b> <b>Deadline: 3<sup>rd</sup> Saturday of January</b>	<b>TOTAL: \$</b>
<b>SIGNATURES</b>	
How did you hear about our society? _____	
I authorize HCGMS to use my picture or likeness for society promotions?    YES or NO	
I authorize HCGMS to include my information in society listings for members only?    YES or NO	
Signature of applicant:	Date:
Signature of co-applicant/spouse (only if for a family membership):	Date:
*Newsletter will be sent via email @ no charge	Modified 11/20/17 LF