

SOUTHERN MARYLAND ROCK AND MINERAL CLUB

(Please print legibly. Thank you.)

Date:____

APPLICATION FOR MEMBERSHIP

Name:		
Street:		Apt/Unit #:
City:	State	: Zip Code:
Cell Phone:	N	eeded for communication during Field Trips
E-Mail:		Club Newsletter and Trip Notifications are distributed by email
Applying for:	 ☐ Individual Adult Membership : (o ☐ Family Membership: (\$35.00/yr) 	over 18) (\$25.00/yr)
	Family is defined as one address. Ma home and children under 18 years of	ximum 2 adults living in same age residing at same address.
(For Family M	Iembership Only)	
	same as above ac	ult #1
	adult #2 - Cell Phone:	
	2 Email:	
Name:		youth DOB (MM/YY)/
Name:	youth DOB (MM/YY) ///	
Name:		youth DOB (MM/YY)/
Name:		youth DOB (MM/YY)/

I do hereby waive all rights to hold The Southern Maryland Rock and Mineral Club, and its Officers liable for any personal injury or loss sustained by me or any member of my family while participating in club activities. I also agree to adhere to the rules and regulations of The Southern Maryland Rock and Mineral Club, as set forth by its bylaws.

Signature of Applicant: _____ Date:_____

Make your check payable to "Greta Gormley". (Do not write anything else on that line). On the Memo Line write "SMRMC" (and nothing else)

Applications with payment can be submitted in person at the monthly meeting or by mail to: Carole Raucheisen, 9012 Hillary Court, La Plata, MD 20646