Mississippi Gem and Mineral Society

Mississippi Gem and Mineral Society (MGMS) communicates with its members electronically. This includes distribution of our newsletter. By providing an email address on this application you are giving your consent to receive email communications from MGMS.

APPLICATION FOR MEMBERSHIP - mark one: [] Ren	ewal [] Initial		
Dues: Family Membership - immediate family only living in	n the same household .		5.00
Adult Member		[]\$2	0.00 x
Junior Member - ages 6 up to 18		[]\$	5.00 x
Adult Student - ages 18 to 25 who are currently enr	rolled in a higher learnir	ng program [] \$ 3	5.00 ×
			Total Membership Dues
** Note: Each email address listed on this form will be added t	o our electronic mailiı	ng list.	
Mailing Address: Street			
(required)			
City		State	Zip
Adult(s)			
Name		_ Occupation:	
Phone number: [] cell [] landline	Email		
Name		_ Occupation:	
Phone number: [] cell [] landline	Fmail		
Adult Student	=		
Name	309	Attending	
Phone Number: [] cell [] landline	Email		
Junior(s)			
Name	age	Relationship	
Email (supply only if junior is to be added to email list)			
Name	age _	Relationship	
Email (supply only if junior is to be added to email list)			
Name	age	Relationship	
Email (supply only if junior is to be added to email list)			
* I (we) have read the General Rules for participation in MGMS			
forms specifically relating to field trip participation and utilizat or utilize the Lapidary School resources, I (we) will read these		y School resources and, i	† I (we) choose to participate in field trip:
 * I (we) agree to abide by all rules and restriction governing MG 		ten and those conveyed	orally.
* I (we) understand that I (we) may be required to sign a copy		-	•
Lapidary School equipment and resources if the Executive Boa		1	5
* I (we) acknowledge that if found non-compliant of set rules th by the Executive Board.	nat, depending on the	offense, I (we) could be	reprimanded, or membership terminated
Adult /Adult Student Applicant Signature(s) and Acknowle	dgement of Rules:		
(1)(2)	(3)	(4)	Date
This section for MGMS use			
Membership Year 20 Date Received	Application Pro	cessed	

Amount Received ______ Cash/Credit/Check# number _____ Check date _____