

# THE GREATER CINCINNATI LAPIDARY AND FACETING SOCIETY

## MEMBERSHIP FORM

Please Type or Print Clearly

MEMBER NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

RELATED ADULT \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

CHILDREN'S NAMES & BIRTHDAYS \_\_\_\_\_

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SPECIAL INTERESTS (CIRCLE) : MINERAL LAPIDARY FOSSILS FACETING JEWELRY  
FIELD TRIPS

Willing to help by:  serve as officer  serve on committee  help with the show  
 presentation or teaching  study groups  social functions  display work

SINGLE MEMBERSHIP  FAMILY MEMBERSHIP (INCLUDES CHILDREN UNDER 18)

ANNUAL DUES ARE \$25 PER PERSON, \$40 PER FAMILY (AT ONE ADDRESS) January-December.  
MAKE CHECKS PAYABLE TO GCLFS

(CIRCLE ONE) CASH \$ \_\_\_\_\_ CHECK \$ \_\_\_\_\_ Date \_\_\_\_\_

SEND FORM TO: Keith Arend 6117 12th Avenue Miamisburg, Ohio 45342