

Membership Application *D* New *D* Renew

If you would like to become a member of the **GCGMS**, please submit the following information along with the appropriate fee for your membership. Check out our website for more information <u>www.gcgms.org</u> Return Form to:

Gulf Coast Gem and Mineral Society, P.O. BOX 60781, Corpus Christi, TX 78466

General Meetings are held on the **3rd Thursday** of **each month** at 3933 Timon Blvd. **6:30pm**.

FULL NAME:		_ BIRTHDATI	∃: /
(Please Print)			(Month / Day)
Email Address:	PHONE:	( )	
2nd			- ,
Adult:		_ BIRTHDATE	:: / (Month / Day)
Email Address:			
CHILDREN age 6 through 17 (Only	y if you are adding them as	Junior Meml	pers):
(Name)		 (Birth	///
(Name)		(Birth	// Date)
(Name)		(Birth	Date)
			_//
(Name) HOME ADDRESS: STREET:		(Birth	// Date)
CITY:	STATE:	ZIP C	ODE
Areas of Interest:			
$\square$ Minerals, $\square$ Gems, $\square$ Foss	sils, 💭 Other		
Are you experienced in any of the f			
$\square$ Gemstone Cutting, $\square$ Jewelr	ry Making, 🕖 Stone Carvir	ng	
MEMBERSHIP DUES:	- \$15.00, Couples - \$	د 📿 20.00,	unior - \$5.00
AMOUNT PAID: \$ AG	CCEPTED BY:		
DATE PAID:/ NEW I	MEMBER :		

(signature)