

MEMBERSHIP APPLICATION

Prospective members of Friends of Mineralogy National, please send this form with your check to the address below. This form may also be used to renew your membership or update personal information. Membership lists are not shared outside of the organization.

First Name: _	Last Name:
Street Address	3:
Apartment, Su	uite, etc.:
City:	State/Province:
Zip/Postal Coo	le: Country:
Email Address	e: Phone (optional):
How did you h	near about FM?:
subscriber (Affiliate or	membership dues are \$\frac{\\$11 for an individual}{\} or \$\frac{\\$5 for existing members/}{\} or \$\frac{\\$5 for existing members/}{\} or \$\frac{\\$5 of one of our affiliate organizations.}{\} or \$\frac{\}{\}
	National dues (Annual) - \$11
	Member of Affiliate Organization (Annual) - \$5
Affiliate organiz	ration (<u>required for discounted rate</u>):
	I understand that I will be added to the Friends of Mineralogy National newsletter and communication email list. I can unsubscribe to the mailing list at any time.
Signature:	Date:

Please include a check for the appropriate dues payable to **Friends of Mineralogy**, **Inc.** and mail to:

Friends of Mineralogy, Inc. William Besse, Treasurer C/O Mineral Nexus 621 W. Lester Street Tucson, AZ 85705