

# Southern Appalachian Mineral Society

P.O. Box 15461, Asheville, NC 28813

## Membership 2018

### TYPES OF MEMBERSHIP

Jan-Dec.

Individual	_____	\$18
Family (adults and children 18 and under)	_____	\$24
College Student (family membership not required)	_____	\$5
Contributing	_____	\$25 or more

**Please make check payable to:** S.A.M.S. **and mail to:** P.O. Box 15461, Asheville, NC 28813

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Do you prefer to receive the Newsletter via \_\_\_\_\_ e-mail or \_\_\_\_\_ mail or \_\_\_\_\_ both?  
Can we send notices or reminders via e-mail to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **FAMILY MEMBERSHIP** (Adults and children 18 and under)

(FILL THIS OUT ONLY IF INCLUDED IN MEMBERSHIP)

Spouse: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day)  
Child: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)  
Child: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)  
Child: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)  
Child: \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

### **COLLEGE STUDENT MEMBERSHIP**

**College**

Name: _____	Birth date ___/___/___ (Month/Day)	_____
Name: _____	Birth date ___/___/___ (Month/Day)	_____
Name: _____	Birth date ___/___/___ (Month/Day)	_____

### **INTERESTS:** (Please circle your interests)

Mineralogy      Field Trips      Mining      Lapidary      Geology

What other hobbies: \_\_\_\_\_

Occupation/Other Activities: \_\_\_\_\_