



**2024 MEMBERSHIP APPLICATION/RENEWAL**

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

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

ADDRESS \_\_\_\_\_

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

PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

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

\_\_\_\_\_

Receive the Society Newsletter by email? Yes \_\_\_\_\_ no \_\_\_\_\_

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

Willing to help by ( ) serve as Society officer ( ) serve on committee ( ) display collections  
( ) presentations or teaching ( ) study groups ( ) social functions ( ) help with Geofair mineral show

MEMBERSHIP ( ) SINGLE ( ) FAMILY (AT SAME ADDRESS)

ANNUAL DUES (January-December)  
\$15 PER PERSON  
\$20 PER FAMILY

Make checks payable to: **CINCINNATI MINERAL SOCIETY**

Mail this completed form to: JUDY BUDNIK, 2948 RONTINA Blvd., GOSHEN, OH. 45122-9300

DUES PAID (CIRCLE ONE) CASH \_\_\_\_\_ CHECK \$ \_\_\_\_\_ No. \_\_\_\_\_ DATE \_\_\_\_\_

Your personally identifiable information is provided voluntarily. The information provided must be true, accurate and complete and promptly updated if it changes, which will allow you to receive timely information about the Cincinnati Mineral Society (CMS) and your membership; to respond to your request and answer questions or process your request as efficiently as possible. CMS will not share your information with other entities for promotional or marketing purposes.