

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

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.

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