

Membership Application
Marysville Rock & Gem Club
P.O. Box 1721, Marysville, WA 98270

Date: _____

Adult(s): \$10 ea (Joining Aug-Mar) \$ 5 ea (Joining Apr-July) \$10 ea (Additional Year Membership)

Junior(s): No Chg w/ Pay Adult # Memberships _____ x \$ _____ + xtra Yr \$ _____ = \$ _____

Member Name:

Name Badge(Opt'l)

Adult name: _____

(\$11.00 ea)

NO / YES ...\$11

Phone: ____ (____) _____ - _____

Email Address _____

NO / YES ...\$11

Phone: ____ (____) _____ - _____

Email Address _____

Home Address: _____

City: _____ State: _____ Zip: _____ (____) _____ - _____
Home phone if different from above phone number(s)

JUNIOR Name Badge(Opt'l) Total # Badges _____ x \$11.00 ea = \$ _____

Junior (under 18) _____ NO / YES \$11
Junior (under 18) _____ NO / YES \$11
Junior (under 18) _____ NO / YES \$11
Junior (under 18) _____ NO / YES \$11

Check here if you **don't** want any or all your contact info in the NW Federation Directory.

EMERGENCY CONTACT (OPTIONAL) NAME: _____ PHONE: _____

The MRGC is a non-profit educational organization whose success is based solely on the active participation of its members. Being directly involved in the Club helps you learn more quickly about the hobby, and you will become more familiar with your fellow Club members! It usually only requires several hours a month. **"I would like to help with:"**

Field trips _____ Membership _____ Newsletter Articles _____ Programs _____ Junior Programs _____
Social Media _____ Kitchen/Hospitality _____ Rock Show Publicity _____ Other _____

As a member of the Marysville Rock & Gem Club, I agree to abide by the Rockhound Code of Conduct of the American Federation of Mineralogical Societies (AFMS), and the By-Laws of the Club itself at meetings, on field trips and all other Club activities. I also understand that failure to pay membership dues in a timely manner will result in cancellation of membership.

Member's Signature(s): _____ **Date:** _____

(Please make checks payable to MRGC, Inc. Form and payment must be submitted together!)

For MRGC Office Use Only:

Payment Rec'd on: _____ Total Amount: \$ _____ Receiver's Initials: _____ Year(s) Paid For: **2025/2026/2027/ 20**

Membership Card(s) Issue Date: _____ Card Given to Member: _____ Card Mailed to Member: _____