

Coconino Lapidary Club

Application for Membership

Name _____

Address:

Street _____

City _____ St _____ Zip _____

Phone _____

Cell Phone _____

E-mail _____

Membership Type:

Single Family

Birth Month _____

Main Interest:

Lapidary Specimen

Other (explain) _____

Signature:

Above signature absolves the Coconino Lapidary Club from all responsibility while signee is at meetings, attending field trips, or using any of the equipment in the workshop or incurs injury that is in any way connected to the club or club affairs.