

# SOUTHEAST FEDERATION OF MINERALOGICAL SOCIETIES, INC.

## APPLICATION FOR 2011 MEMBERSHIP RENEWAL <sup>(1)</sup>

Club/Society Name \_\_\_\_\_

### MEMBERSHIP RENEWAL: Due January 1, 2011 through January 31, 2011

In compliance with S.F.M.S. By-laws Article I, Section 2, and Article VIII, Section 1, member clubs/societies desiring to renew membership are required to submit to Membership Secretary the following:

Completed Membership Renewal Application (all 3 pages) with the Annual Dues Check attached (No cash please), based on total members, both Adults & Juniors, on Club/Society rolls as of December 31, 2010.

Annual Dues:	Total Number of Adult Members	_____
	Total Number of Junior Members	_____
	* Total Dues Enclosed @ \$1.25 per member	_____

\* Does not include optional Liability Insurance fees, which will be billed separately.

*Mail (Check for dues only), payable to the Southeast Federation or S.F.M.S. along with all 3 pages of the Renewal Application and a current list of your members to the following address:*

**Kerri Wetzel  
S.F.M.S. MEMBERSHIP SECRETARY  
5010 Sunset Drive  
Easley, SC 29642**

### **PLEASE PRINT LEGIBLY OR TYPE INFORMATION ON THE FORM**

According to S.F.M.S. By-laws, Article VIII, Section 1 ---  
Membership renewals are due January 1 through January 31, and are delinquent as of February 1. Delinquent clubs/societies forfeit voting rights at the next Annual Meeting, use of Slide Programs, the right to participate in the Federation's sponsored third-party liability insurance program, the rights of their members to participate in D.M.C. field trips, the rights of their members to attend S.F.M.S. sponsored workshops, and receipt of Lodestar (the S.F.M.S. federation newsletter.) A club/society delinquent membership may be reinstated to full S.F.M.S. Membership upon payment of all dues and fees in arrears before March 1, 2010. **Any club/society not paying all dues and fees in arrears before March 1 will be dropped from federation rolls.** They may be readmitted as a new club/society by submission of an Application for Membership.

**(This requires being voted in as a new club at the next Executive Board Meeting.)**

### **Non-paid clubs are delinquent on February 1, 2011**

# S.F.M.S. APPLICATION FOR 2011 MEMBERSHIP RENEWAL (2)

**Name of Club/Society** \_\_\_\_\_

Club Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Meeting Place (facility)** \_\_\_\_\_ **Day** \_\_\_\_\_ **Time** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Club/Society Web Site** \_\_\_\_\_ **Club/Society Email** \_\_\_\_\_

**Webmaster** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bulletin Name** \_\_\_\_\_ Published: Monthly \_\_\_ Bimonthly \_\_\_ Quarterly \_\_\_ Other \_\_\_\_\_

**Editor** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please indicate which officers elect to receive the S.F.M.S. LOADSTAR via email:**

President \_\_\_ Recording Secretary \_\_\_ Corresponding Secretary \_\_\_ Treasurer \_\_\_ Editor \_\_\_ Other \_\_\_\_\_

**Please indicate which 3 officers wish to receive the A.F.M.S. Newsletter:**

President \_\_\_ Recording Secretary \_\_\_ Corresponding Secretary \_\_\_ Treasurer \_\_\_ Editor \_\_\_ S.F.M.S. Liaison \_\_\_ Other \_\_\_\_\_

**ELECTED OFFICIALS** (List all officers Elected by membership vote & title of office held)

Month Officers: Elected \_\_\_\_\_ Take office \_\_\_\_\_ Officers elected: Annually \_\_\_ Other (be specific) \_\_\_\_\_

**President** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**1st Vice President** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2nd Vice President** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Corresponding Secretary** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Recording Secretary** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Treasurer** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# S.F.M.S. APPLICATION FOR 2011 MEMBERSHIP RENEWAL (3)

Do you wish to participate in the optional Liability Insurance program? Yes \_\_\_ No \_\_\_

If No, do you have liability insurance by EFMLS or a third party insurance? Yes \_\_\_ No \_\_\_

Insurance Liaison \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Person in your Club/Society to receive renewal form(s) for next year**

**Renewal 2012** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Federation Liaison** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## COMMITTEE CHAIRS

**Youth Leader** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Committee** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please include other officers such as directors, additional committee chairs, and other pertinent information about your club or society on a separate sheet of paper.**

## CLUB SPONSORED SHOW(S)

**Show Chair** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Vender Chair** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Show Facility** \_\_\_\_\_ **Show Dates** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Show Facility** \_\_\_\_\_ **Show Dates** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of person submitting this application \_\_\_\_\_ Office Held \_\_\_\_\_