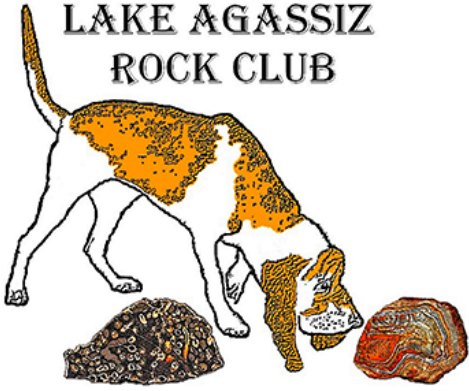


**LAKE AGASSIZ  
ROCK CLUB**



**Application for Membership**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Applying for: Individual Membership \_\_\_\_\_ Family: \_\_\_\_\_

Names of other members of your family applying for membership: (if under age 18, please also give year of birth.

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Birthday month: \_\_\_\_\_ Date: \_\_\_\_\_

Hobby related interests (check all that apply)

Lapidary \_\_\_\_\_ Artifacts \_\_\_\_\_ Fossils \_\_\_\_\_ Carving \_\_\_\_\_

Jewelry \_\_\_\_\_ Minerals \_\_\_\_\_ Micromounts \_\_\_\_\_ Field Trips \_\_\_\_\_

Other (please describe) \_\_\_\_\_

I do hereby waive all right to hold the Lake Agassiz Rock Club liable for any personal injury or loss sustained by me or any member of my family while participating in club activities. I also agree to adhere to the rules and regulations of the Lake Agassiz Rock Club as set forth by its Bylaws.

Signature of Applicant: \_\_\_\_\_

Fees are due upon submission of application:

Single Person - \$20

Family Membership - \$30

Colledge/Student/Youth - \$10 (if not a family member)

Please bring to your next meeting or mail to:

Terry Mallick, Treasurer

416 3rd Ave S, Moorhead MN 56560