



# GEM AND MINERAL CLUB OF SCARBOROUGH

GMCS is a hobby club founded to promote the collecting and studying of rocks, minerals & fossils.  
P.O. Box 36048, York Leslie P.O., Toronto, On., M3B 0A3  
Serving the GTA Rockhounding Community since 1963  
<http://www.scarbgemclub.ca/>



## GMCS Membership Application

Please mail to: Gem & Mineral Club of Scarborough  
PO Box 36048, York Mills Leslie PO,  
Toronto, Ontario M3B 0A3  
Attn. Membership

PLEASE PRINT LEGIBLY.

Names (LAST NAME, FIRST NAME)

Person 1: \_\_\_\_\_

Person 2: \_\_\_\_\_

Additional Person(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Type of Membership:

- |                                 |      |                                     |
|---------------------------------|------|-------------------------------------|
| <input type="checkbox"/> Single | \$20 | <input type="checkbox"/> New Member |
| <input type="checkbox"/> Family | \$25 | <input type="checkbox"/> Renewal    |

(For Family Memberships ONLY):

Number of TOTAL Members: \_\_\_\_\_ Number of Children (under 17): \_\_\_\_\_

Please tell us about your interests! (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Lapidary (Cutting, Polishing) | <input type="checkbox"/> Field Trips                   |
| <input type="checkbox"/> Carving                       | <input type="checkbox"/> Geology                       |
| <input type="checkbox"/> Micro-Mounting                | <input type="checkbox"/> Gemology                      |
| <input type="checkbox"/> Mineral Study Group           | <input type="checkbox"/> Wireworking & Jewelry Making  |
| <input type="checkbox"/> Paleontology                  | <input type="checkbox"/> Other (please specify): _____ |

Would you be interested in volunteering at the Show? Please let us know what role(s) you would like to volunteer as! (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Greeter (Doors) | <input type="checkbox"/> Friday Set-up  | <input type="checkbox"/> Sunday Pack-up |
| <input type="checkbox"/> Club Booth      | <input type="checkbox"/> Silent Auction | <input type="checkbox"/> Demonstrations |

If you agree to have this data maintained in our records for the purpose of keeping you informed of activities and contacting you, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Membership Representative:	_____
Number of cards already issued:	_____ to be mailed: _____
Received	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque \$_____