

**Alabama Mineral & Lapidary Society**

**Membership Renewal Application**

rev. 7.09.2024

Renewal  Reinstatement

Date \_\_\_\_\_

Family \$25  Single \$20  Student \$15

*( Please write legibly so we can record your information correctly )*

Adult Head of Household \_\_\_\_\_ Birth Mo/Yr \_\_\_\_ / \_\_\_\_

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

Email address \_\_\_\_\_

Cell Phone No (     ) \_\_\_\_\_ - \_\_\_\_\_

Spouse or Other Adult \_\_\_\_\_ Birth Mo/Yr \_\_\_\_ / \_\_\_\_

Email address \_\_\_\_\_

Cell Phone No (     ) \_\_\_\_\_ - \_\_\_\_\_

Names of Children 17 years or under living at home	Age	Birthday
_____		____ / ____
_____		____ / ____
_____		____ / ____
_____		____ / ____
_____		____ / ____

Remit this completed form along with your check payable to:  
Alabama Mineral & Lapidary Society and mail to: AMLS - 8036 Parkway Drive Leeds, Alabama 35094.

**( for office use only below )**

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount Paid** \_\_\_\_\_

Payment Type: \_\_\_\_\_ Confirmation No: \_\_\_\_\_ Welcome Email: \_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_