Version: Aug2023

Santa Lucia Rockhounds ** Membership Renewal Application **

Primary Member Name: Date of Renewal: (Primary Member must be over 18 years of age)				
Primary Member Address:_				
	Street Address / PO Box Unit #	t City Zip	Code	
Primary Email Contact:			Phone:	
Is this a Group/Family Mem	bership? (Circle): Y N. If	Yes, please list below all sec	ondary members in your gro	up:
Family/Group Members:				
Name	Minor?	Email Contact (optional)	Age
membership on behalf of y membership, check OPT C	ou and your group memb OUT. ————————————————————————————————————	pers. To be excluded from anyOPT INe is an additional \$10 annual	f this information to the club's rosters made available to the OPT OUT charge for postal delivery. Pless on file. Add \$10 fee to rene	e club ase
Annual Dues: \$30 for Prima	ry Member (first adult);	\$10 for each additional famil	y member in a household gro	oup.
club benefits through the fo	llowing year. Please mail	the fee and this application	rember 30th of each year to renewal form to the address be made in person at the meeting	elow.
Santa Lucia Rockhounds Membership Chairperson PO Box 1672 Paso Robles, CA 93447				
Amount Paid: \$	Paid by: Cash /	Check #		
Credit/Debit Card #:				
Receipt #: Re	ceipt Date:	Roster Updated:	Receipt: mailed/emaile	d