

Application for Membership
to the

Lake Chelan Rock & Mineral Club

Manson, WA.

Name(s): _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Dues paid \$ _____ \$7.00 per individual \$12 for families

I hereby apply for membership in the Lake Chelan Rock & Mineral Club. I understand and agree with the objectives of the club, and will do all in my power to assist in advancing our hobby to the highest standards of perfection. I will respect the wishes of owners of private property and endeavor to follow the rules of good sportsmanship at all times. It is agreed that the Lake Chelan Rock & Mineral Club, or any of its members shall not be held liable for any actions or injuries received on account of, or while engaged in, any activities of or with this club or any of its members. Juniors must be supervised by their parent or appointed guardian at all club meetings and functions.

Signature of applicant: _____ Date: _____

Mail to:

Lake Chelan Rock & Mineral Club
100 Coral St.
Manson, WA, 98831

Web Site: www.lakechelanrockclub.com