

Des Moines Lapidary Society

Membership Form

v2019.10.03

The Des Moines Lapidary Society (DMLS) was formed in 1955. The mission of DMLS is to promote, enjoy, and develop the study and practices of the lapidary arts.

Membership: ___ New Individual ___ New Household ___ Renewal Individual ___ Renewal Household ___ Honorary

Adult Name (Primary): _____

Phone: (____) _____ **e-mail:** _____

Adult Name (Secondary): _____

Phone: (____) _____ **e-mail:** _____

Household Address: _____

City: _____ **State:** _____ **Zip:** _____

Children and Ages: _____

(Only list children that may be actively participating on equipment that live in household.)

Dues: Individual: \$20/yr Household: \$25/yr (Jan 1 – Dec 31). Members joining in Oct are current thru Dec 31 of the following year. Place form and dues in an envelope and put into the donation box or send payment to:

Des Moines Lapidary Society
Attn: DMLS Membership
PO Box 470
Des Moines, IA 50302

Payment received by: _____
Amount: _____ Date: _____
Check #: _____

___ I / We agree to abide by the policies of DMLS; to abide by the American Federation of Mineralogical Societies (AFMS) Code of Ethics; and to honor and exemplify the Preamble of the DMLS Bylaws:

- Let us be friends, let us help each other, let us help others.
- Let us encourage individual appreciation in the natural beauty of rocks and minerals and of the beauty to be found within.
- Let us help and encourage each other in the study of the many arts of lapidary and the practices and uses thereof.
- Let us help each other in securing desirable specimens and material.
- Let us help and encourage like interests among the other members of our community.

DES MOINES LAPIDARY SOCIETY WAIVER AND INDEMNIFICATION

In consideration of being accepted for membership in the Des Moines Lapidary Society, including the ability to use the Society's facilities, equipment, and supplies (the "Facilities"), the undersigned, for myself and for any participating minors named herein for whom I am acting as parent or guardian, agrees to assume sole responsibility for risk of injury, accident or other loss or damage to myself and/or said minors, resulting directly or indirectly from my use of the Facilities. I further agree to release and hold harmless and to indemnify the Des Moines Lapidary Society and its directors, officers, members, agents and assigns from and against any and all loss, cost or liability whatsoever, including loss or injury to third persons, resulting in any way from my use of the Facilities. This Waiver & Indemnification shall be continuing and shall cover all use of the Facilities from and after the date hereof until revoked by me in writing (or until I am no longer a member of the Society), and shall be binding upon my heirs, executors, beneficiaries, and assigns.

- Facilities includes, but is not limited to lapidary shop, silver shop, meeting room, and office/library

Adult Signature: X _____ Date: _____

Des Moines Lapidary Society Membership Receipt

Calendar Year: _____

Payment Received By: _____ Amount: _____ Date: _____ Check #: _____