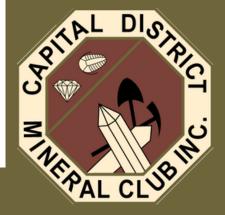
CAPITAL DISTRICT MINERAL CLUB, INC.

MEMBERSHIP FORM



To apply for membership please complete all fields.

PLEASE MAKE CHECKS PAYABLE TO: CAPITAL DISTRICT MINERAL CLUB.

MAIL COMPLETED FORMS TO: CAPITAL DISTRICT MINERAL CLUB, INC., C/O BILL COTROFELD, PO BOX 235, EAST ARLINGTON, VT 05252

ALL MEMBERSHIPS END ON DECEMBER 31.

Membership Type: Family \$30	Individua	I \$20	Student \$15
Name(s)		Phone	
Names of children		Total Family memb	orc .
Names of Children		Total Fairing Memb	eis
Street Address			
City	State	Zip	
Email			
How do you wish to receive the newslet	ter? En	nail Snail Ma	ail
BELOW TO BE COMPLETED	D BY CDMC MEM	IBERSHIP STAFF	
C [c X[h $^{\prime}$ Faca[j"9: C 9"9lk X Card(s), Eastern Federation Card(s), Decal"			