



FOUNDED 1957 BY
ROGER D. KETTIMON

TUSCARORA LAPIDARY SOCIETY, INC.

105 W. JASPER STREET, MEDIA, PA 19063-3209

PHONE: 610-565-8505 • E-MAIL: INFORMATION@LAPIDARY.ORG • WEB SITE: WWW.LAPIDARY.ORG

APPLICATION FOR ASSOCIATE STATUS

(PLEASE PRINT OR TYPE)

Name _____ Date _____

Address _____

City/State/Zip _____

Phone _____ (home) _____ (work) _____ (cell)

E-mail address _____

Class _____ Day _____

Class _____ Day _____

Class _____ Day _____

Class _____ Day _____

Do you own or have access to lapidary equipment? (Not a requirement.) YES NO

- I am at least 18 years of age and acknowledge that . . .
- . . . Associate status is per class and can be continued for more than one semester. At such time as I desire to become a regular member, I will submit an application for membership in the usual manner;
- . . . enrollment in Skill Center classes is limited to space and/or equipment available for each class;
- . . . students are enrolled in the order that checks and registration forms are received; acceptance or rejection notices and a list of required materials will be sent after the registration deadline;
- . . . some materials used in classes are not furnished (for example, silver, beads, or faceting stones);
- . . . a donation of \$95 per 10-week class (\$50/5-wk, \$60/6-wk, \$70/7-wk) is payable in full, in advance. (Checks will be returned in the event that a class is filled or cancelled.)
- If I withdraw from a class, I understand that my donation will be refunded 100% before the first class and 80% before the second class. (No refunds will be given after the second class.)
- I will not hold the society liable for personal or property damage to me during society-sponsored activities, classes, functions, or meetings.

Signature _____

MAKE CHECK PAYABLE TO: T.L.S.

MAIL CHECK AND COMPLETED APPLICATION TO:

**TUSCARORA LAPIDARY SOCIETY, C/O ELLEN SCHWARZKOPF, REGISTRAR
329 MAPLE STREET, WARMINSTER, PA 18974**

REV 12/09