

NORTH BRISBANE LAPIDARY CLUB INC.



Application for Membership 2024

Please leave completed form with duty officer or email scanned copy to membership@nblc.com.au

Full Name: _____

Postal Address Street _____

Suburb _____ State _____

Telephone Home _____ Work _____ Mobile _____

Email Address: _____

Date of Birth _____ Occupation _____

Have you been / Are you a member of any other Lapidary Club Yes No

If YES, Name of the Club _____ Date of Membership _____

Do you give permission for us to contact the other Lapidary Club? Yes No

Where did you find out about NBLC Inc. _____

Which of these Areas are you interested in? (Please indicate your PRIMARY interest)

<input type="checkbox"/> Working with Stones (Cabbing)	<input type="checkbox"/> Working with Gemstones (Faceting)
<input type="checkbox"/> Working with Metals (Silver Smithing, Casting)	<input type="checkbox"/> Going on Fieldtrips (Fossicking)
<input type="checkbox"/> Meeting with People (Social only)	<input type="checkbox"/> Commercial Use of Equipment

Do you have any knowledge of Lapidary? Yes No

Membership is conditional upon the receipt of the appropriate fees, acceptance at the next Management Committee meeting.

NBLC Inc has a \$20M broadform public liability policy through QLACCA.

JOINING FEE		+ ANNUAL Subscription Fee	
First member	\$40.00	First member	\$60.00
Second member / Senior (65+ yrs)	\$30.00	Second member	\$48.00
/Concessional Member / Associate / Minor		Senior / Associates / Concessional / Minors	\$30.00
Family (at same address)	\$50.00	Family (2 adults & children 12-18 years)	\$120.00
Banking Details: BSB: 034 060 Acc. No: 291 941		Joining Fee	
		Annual Subscription Fee	
		Sub-Total	
		Total	
Receipt No:			

"I hereby apply for membership of the North Brisbane Lapidary Club Inc and upon acceptance I agree to abide by the constitution, rules and by-laws of the club.

Signed _____

Date _____

OFFICE USE
 Signed on behalf of Management Committee

President: _____ Secretary: _____

Met with 2 members of the management Committee

Acceptance Date _____ Membership Number _____