



P.O. Box 55 Alma, WV 26320
(304) 386 - 4480

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____

E-mail #1: _____

E-mail #2: _____

Your contact information will only be used for official club business. If you wish to share your e-mail or phone number with other members, please check the boxes below:

- It's OK to share my e-mail with other members.
 It's OK to share my phone # with other members.

Choose a membership:

Family, \$25.00

Single, \$20.00

Dues are expected my September 30th each year. If joining for the first time after February, dues are half price.

If choosing a Family Membership, please list the names of those who will be members:

Make Checks Payable To:
West Virginia Fossil Club
P.O. Box 55
Alma, WV 26320