



Membership Form – 2025

Withlacoochee Rockhounds
Hernando County FL

PLEASE PRINT CLEARLY

Full Name

Partner's Full Name

* If both applying for membership

Child's Full Name

* If under 18, and applying with parent

Street Address

City

State / ZIP

Phone Number

Email

Annual Membership Dues:

*Choose your type of membership

- Individual Membership \$35.00/ea
- Individual Membership \$35.00/ea
- Under 18 Membership \$5.00/ea
- Under 18 Membership \$5.00/ea

Returning Member?

New Member?

If you are applying, for example, as husband, wife and child (under 18), then fill in full name, partner's name and child's name above. Then, choose two individual memberships to the left, along with an under 18 membership.

Give this completed form, along with your check (made payable to "Withlacoochee Rockhounds") or credit card for dues to Club Secretary Janet Wheeler at a club meeting. Or, you may mail the form to:

Withlacoochee Rockhounds
PO Box 5634
Spring Hill, FL 34611-5634