



**STONE MOUNTAIN TREASURE HUNTERS
MEMBERSHIP APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____ **AGE:** _____ (if under 18 years of age)

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

If you are under the age of 18, please provide the name of an adult member who will sponsor you: _____

What brands and models of metal detectors do you regularly use:

How long have you been involved in treasure hunting:

What types of treasure hunting are you interested in:

Please list the types of programs & topics that you would like the club members to present at our meetings:

Do you belong to any other treasure hunting clubs or associations:

DATE: _____ **AMOUNT PAID:** _____ **RECEIPT#:** _____

SIGNATURE: _____

SPONSOR SIGNATURE (IF APPLICABLE): _____

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