



Florida Society of Goldsmiths  
(founded in 1984)



*NE Chapter Studio Class/Workshop Application*

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

\*Current FSG member? \_\_\_\_\_ Chapter: \_\_\_\_\_

Course Selection(s):

Name of Class: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Class: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Class: \_\_\_\_\_ Date: \_\_\_\_\_

*We appreciate when you pay by check—it saves the Chapter considerable additional fees incurred from our credit card provider. However, if payment by credit card is necessary, then your application may be mailed or faxed. Please do not email sensitive credit card information.*

- Check is included in the amount of \$ \_\_\_\_\_ payable to FSG NE Chapter.
- Additional check for FSG annual membership is included (\$40 annual dues).  
Checks for annual dues should be made payable to Florida Society of Goldsmiths.
- I wish to pay by credit card by phone. Call me at ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Charge my credit card indicated below\*  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
3 digit security code \_\_\_\_\_ Type of card \_\_\_\_\_

*\*Those paying by credit card may fax their application to Chris Carlson at 386.985.6528*

*Conditions: Class registrations become non-refundable 21 days prior to class start date unless otherwise noted. However, if any class is cancelled by FSGNE due to lack of meeting the minimum student enrollment or any other reason, the student will be offered their choice of a full refund or transfer to another class of the student's choice, space available. FSGNE reserves the right to substitute an instructor in case of emergency.*

*Release of Liability: As part of the consideration, in addition to the application fee paid to the NE Chapter Florida Society of Goldsmiths for the course for which I have registered, I hereby release the NE Chapter Florida Society of Goldsmiths' Board of Directors, its members, as well as any person or entity on whose property such course may be given, from any and all liability for personal injury or property damage that I may suffer or sustain due to negligence, or otherwise, in connection with any such course, whether by ingress or egress, attendance or otherwise.*

I have read and agree to the above conditions and Release of Liability conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Mail application and checks for classes payable to FSG NE Chapter to:*

Chris Carlson, Registrar  
1948 Hillcrest Oak Drive  
DeLand, FL 32720