



Florida Society of Goldsmiths  
(founded in 1984)



## Northeast 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: \_\_\_\_\_

\*All students must be current members of FSG. It's easy to join—download the application form from the homepage of our website ([www.fsgne.com](http://www.fsgne.com)) and include it with this application. Separate checks, please—we'll do the rest!

### COURSE SELECTION:

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

Instructor: \_\_\_\_\_

Dates: \_\_\_\_\_

*Payment may be made by check or credit card. Payments made by credit card will be assessed an additional 3% courtesy fee to cover the additional fees FSGNE incurs to provide this service.*

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 for the cost of the class plus 3% courtesy fee

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 digit security code \_\_\_\_\_ Type of card \_\_\_\_\_

*Conditions: Class registrations become non-refundable 21 days prior to class start date unless otherwise noted. However, if any class is cancelled by FSGNE, 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 cases 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:

Lia Biond, Registrar  
201 Edgewater Branch Drive  
Jacksonville, FL 32259