

MEMBERSHIP APPLICATION and RENEWAL FORM-

Membership renewal

Please send your dues to:

Black Sheep Weavers Fiber Guild

PO Box 409

Hartland, MI 48353

Name _____

Birthday Month _____

Address _____

City _____ Zip _____

E-mail _____

Phone _____

Dues: \$25 US/year for full membership

(Dues expire in August the following year)

Make checks payable to:

BLACK SHEEP WEAVERS FIBER GUILD