

ADWSG Membership Form

2025-2026

Please fill out this form and send with your check payable to **AZ Desert Weavers & Spinners Guild**.

Mail to:

Trish Boone
39040 N 11th Ave
Phoenix, AZ 85086

Your name, address, phone number, email and interests will appear in the Roster unless noted:

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Email _____ **Phone** _____

Emergency Contact: _____ **Phone** _____

____ I prefer that my address is not published in the Guild Roster

____ I prefer that my email is not published in the Guild Roster and is used for email notices only

____ I prefer that my phone number is not published in the Guild Roster

The Mother of All (MOA) Guild Newsletter is emailed to all members who have an email on file.

Interest: ____ **Weaving** ____ **Spinning** ____ **Dyeing** ____ **Fiber Arts**

Membership type (Check One)

____ **Individual Membership \$25**

____ **Family Membership \$30**

Family member name _____ (must reside in same household)

I found out about the ADWSG from: _____

For office use only

Date Received _____

Name Tag _____

Membership Card _____

Computer entry _____

Payment Type _____

Number _____