

ADWSG Membership Form

2019-2020

Please fill out 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.

___ I prefer that my email is not published and is used for email notices only.

___ I prefer that my phone number is not published.

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** as of June 1, 2019

___ **Family Membership \$30** as of June 1, 2019

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 _____