

# Ventura County Handweavers and Spinners Guild

A 501 (c)(3) Nonprofit Tax Exempt Public Benefit Corporation FEIN # 77-0299368 CCN #4053250 www.vchsg.org

## 2025 New or Renewal Membership Form

- Membership is open to all persons and associations interested in advancing, fostering, and promoting the art of handweaving, spinning and related crafts.
- **Annual dues are payable in October for the upcoming year, considered delinquent in January.**
- Member benefits include the use of the Guild library and property, monthly newsletter emailed, membership roster, members-only online access, and priority registration with discounted fees for workshops.

**Please select:**

☐ **New**   ☐ **Renewal**   ☐ **Individual \$45**   ☐ **Family \$60**   ☐ **Business \$75**

\*Business Membership includes 1-year business card ad in newsletter and on the website)

\***NEW MEMBERS:** if joining after June 1<sup>st</sup> dues are reduced to \$22.50 (individual), \$30 (family), and \$37.50 business

Please complete the following **IF** you are a *NEW member or a returning member whose contact information has changed in the last year*. Information on this application may be shared with other guild members for VCHSG purposes only.

Name(s) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone(s) (home/cell) \_\_\_\_\_ E-mail(s) \_\_\_\_\_

Ravelry name(s) \_\_\_\_\_

- ☐ **Please send me the newsletter by US mail only (enclose an additional \$15 fee for this service)**
- ☐ I prefer NOT to be included in the VCHSG roster or have my information shared with other members
- ☐ Photographs taken at Guild meetings, events, and demonstrations may be used for Guild promotional and historical purposes. **If you DO NOT want your photograph used for these purposes, please check this box.**

If new member, how did you learn of VCHSG? \_\_\_\_\_

What most interests you about joining VCHSG? \_\_\_\_\_

### **PAYMENTS:**

- Please Make Checks Payable to **Ventura County Handweavers and Spinners Guild**
- Give to the Membership Chair at the monthly meetings OR mail dues and this form to  
**VCHSG PO BOX 2286 CAMARILLO, CA 93011**
- **Credit or Debit Cards accepted – scan QR code below (select your type of membership)**

#### **Individual Membership**



#### **Family Membership**



#### **Business Membership**



INTERNAL   **Date Paid:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_ **Payment Type:** ☐ Cash   ☐ Check   ☐ Credit Card