

Weavers Guild of Kalamazoo, Inc. 2025-2026 Membership Form

_____ *NEW* _____ *RENEWING*

Official Use Only

Date Received _____

Cash, Card, Venmo or _____

Check # _____

Annual Dues \$40.00
- Dues cover one year from June 1 to May 31 the following year.

Payable to: **Weavers Guild of Kalamazoo**
P.O. Box 2795
Kalamazoo, MI 49003-2795

Name: _____ Telephone: _____

Address: _____ Work Telephone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____
(This is used to send you the current Shuttle, as well as other Guild news and items of fiber interest)

If you are a Member Business Owner, indicate business name, contact information and product: _____

Indicate if you would be willing to volunteer to serve, if needed, in any of the capacities listed below:

- | | | |
|------------------------------------|---------------------------|---------------------------------|
| ____ Program Committee | ____ Workshop Setup | ____ Board Position |
| ____ Nominating Committee | ____ Library Committee | ____ Speaker Hospitality |
| ____ Publicity/Community Awareness | ____ Willing to be called | ____ Miscellaneous volunteering |

____ Present Program/Workshop: _____

____ Demonstrate/Teach: _____

____ Do Commissions: _____

Program Suggestions: _____

I wish to have a mentor in the following areas: _____

I wish to serve as a mentor in: _____

I have the following equipment (make, description):

Looms: _____ Spinning Wheels: _____

Weaving design software: _____ Others: _____

I hereby **give** _____ **do not give** _____ The Weavers Guild of Kalamazoo, Inc. permission to use photographs of
_____ Me or _____ My work in:
_____ historical files _____ publicity in printed matter (magazines, newspapers) _____ Guild web site

Signature and date

Permission can be revoked with a signed and dated note sent to the Weavers Guild of Kalamazoo address provided above.