

Weavers Guild of Kalamazoo, Inc. 2023-2024 Membership Form

____ NEW ____ RENEWING

Official Use Only

Date Received _____

Cash or Check # _____

Annual Dues \$40.00
- Dues cover 1 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 ____ Miscellaneous volunteering ____ willing to be called

____ 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.