

MEMBERSHIP FORM - Handweavers of the Valley

Please complete the following HWOTV Membership Form & return with payment of dues:

NAME _____
ADDRESS _____
CITY- State _____,
ZIPCODE _____

PHONE: HOME (____) _____
CELL (____) _____
EMAIL ADDRESS _____

RENEWAL () NEW MEMBER () LIFE TIME MEMBER ()

WEAVER () SPINNER () DYER () OTHER ()

DUES
Individuals \$25.00 Family \$35.00

AMOUNT PAID \$ _____
DATE _____

MAKE CHECK PAYABLE TO: HWOTV