

WISCONSIN HANDWEAVERS, INC.

2017-2018 MEMBERSHIP FORM

Please submit the form with your dues.



Make checks payable to: **Wisconsin Handweavers**

Mail to:

Membership, Wisconsin Handweavers, Inc.

P.O. Box 14

Milwaukee, WI 53201-0014

___ Cash ___ Check (Number) _____ Date _____

Please Print: Check here [] if information is UNCHANGED from last year; put an * by new info

Name: _____

Address: _____

City, State & Zip Code: _____

Phone: _____

Email: _____

___ I give permission to publish the above information in the next publication of the WHI Directory or newsletter addendum **

___ I DO NOT want WHI to PUBLISH MY INFORMATION in the next publication of the WHI Directory or newsletter addendum

___ I give permission to publish PARTIAL information in the Directory or newsletter addendum (Circle which info above).

___ New Member--receiving newsletter by e-mail **\$25.00 ***

___ New Member--receiving newsletter by USPS **\$30.00 ***

___ Renewal--receiving newsletter by e-mail **\$25.00 ***

___ Renewal--receiving newsletter by USPS **\$30.00 ***

___ Student Membership – receiving newsletter by e-mail **\$15.00 *** (Please attach a copy of a valid student ID)

___ Student Membership – receiving newsletter by USPS **\$20.00 *** (Please attach a copy of a valid student ID)

___ *I wish to know about volunteer opportunities to help support Wisconsin Handweavers*

* **The membership year is June 1 – May 31.** Dues are half of the amount after December 31.

** Members joining or renewing after July 1st will be listed in an addendum in a future newsletter unless they request otherwise.

Donation Opportunity:

I wish to support Wisconsin Handweavers, Inc with a tax-deductible donation:

___ \$10.00 ___ \$25.00 ___ \$ 50.00 ___ other

Cut off and save for tax records



Thank you for your donation to Wisconsin Handweavers, Inc

Check no. _____ Date of Donation _____ Amount of Donation _____