

# Huronia Handweavers

## Membership Form

Membership Year: \_\_\_\_ / \_\_\_\_

Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Weaving Since: \_\_\_\_\_

Tell us about your weaving interests, types of weaving you like to do, fibres you like to weave with?

How did you hear about Huronia Handweavers?

What program ideas would you be interested in?

Are you interested in being contacted by a member and/or have a mentor assigned?      Yes                      No

Permission to use photos of you for guild publicity              Yes              No              Ask First

Permission to use photos of your work for guild publicity              Yes              No              Ask First