



MEMBERSHIP FORM 2019-2020

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Other (_____) _____

Email _____

Dues: **\$30**

*****Please make your check payable to Weavers of Western Mass or WWM. Turn form and check in at a Guild meeting or mail both to WWM c/o Cathy Russell, 10 Evening Star Dr., Amherst, MA 01002.

Are you a new member of WWM? _____

What other guilds are you a member of? _____

What monthly Program, Workshop, or Study Group topics would you like to see offered? _____

Do you have any special weaving talents/interests that you could share/teach at a meeting? _____

*****Dues Payment by: Cash or Check No. _____