



Membership
Application
FILLABLE FORM

Memberships are for one year and run from July through the following June.

- Membership type: *(Please check one)*
- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Individual Member, paid before June 30th | \$30 |
| <input type="checkbox"/> | Individual Member, paid after June 30th | \$35 |
| <input type="checkbox"/> | Individual Member joining after February 1st | \$20 |
| <input type="checkbox"/> | Family Membership | \$40 |
| <input type="checkbox"/> | Student Membership | \$20 |

NAME(S)

MAILING ADDRESS

MAILING ADDRESS

TOWN

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

Make checks payable to: Handweavers of Bucks County

Please print this form and mail application together with your dues check to:

Handweavers of Bucks County
P.O. Box 353
Washington Crossing, PA 18977