



FLORIDA TROPICAL WEAVERS GUILD
Membership Application/Renewal Form
June 1, 2011 to May 31, 2012

Name: _____

Address: _____

(If you have a separate summer address, please indicate dates for each.)

Summer address: _____

Telephone: _____

Email address: _____

District: _____ Guild Affiliation: _____

Important: If an effort to keep expenses down, if you are willing to receive your quarterly mailing of ***Fibercations*** electronically, please indicate below. However, if you are unable able to do so, we will continue to send a copy by regular mail.

How do you wish to receive your newsletter?

By Email: _____ By regular mail: _____

Confirm Email address: _____

Annual Dues are \$20

Please make checks payable to: **FTWG, Inc.**

Mail to: *Barbara Warren*
861 Pine View Avenue
Rockledge, FL 32955