

Shuttlebirds Tatting Guild of Spokane

MEMBERSHIP APPLICATION and RENEWAL FORM

MEMBERSHIP YEAR: SEPT. - AUG.

YEARLY DUES: \$20.00

Please Print Clearly New Member Renewal IOLI# (if applicable)

Name: _____ Phone: _____

Address _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Birthday _____ (year is opt.) Do you want the newsletter by US mail Email

Check (X) here only if you **DO NOT** want your address, phone number and/or e-mail published in the member roster: address , phone , e-mail

Please tell us a little about yourself so we can get to know you.

**Complete the above and enclose a check or money order to payable to:
Shuttlebirds Tatting Guild, Attn: Membership, PO Box 7395, Spokane WA 99207**