

MEMBERSHIP APPLICATION and RENEWAL FORM

Please complete the following and bring to a meeting or mail to:

Nadine Cloutier

PO Box 409

Hartland, MI 48353

NAME _____

ADDRESS _____

CITY _____ ZIP _____

E-mail _____

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Dues: \$25 US/year for full membership

(Dues expire in August the following year)

Make checks payable to: **BLACK SHEEP WEAVERS**