

Cuyahoga Weavers Guild

Membership Application/Renewal

Name _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

_____ Check here if the above information is new

_____ Regular Membership \$25

_____ Newsletter only membership \$12.50

Please make your check payable to: **Cuyahoga Weavers Guild**

Mail your check and this form to:

Patty Hridel
17592 Lakesedge Tr
Chagrin Falls, OH 44023