



Receipt #

**NIAGARA HANDWEAVERS AND SPINNERS**  
**RENEWING Members**  
**January, 2019 to December, 2019**

**PLEASE PRINT**

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

There are no changes to my information from last year.

Please make the following changes.

**Address** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Optional:

Name of Spouse/Partner \_\_\_\_\_

Optional: Please circle your areas of skills and interests: Spinning Weaving Knitting Crochet  
Sewing Jewellery Making Knitting Machines Needle Work Hooking Dyeing Basketry  
Other \_\_\_\_\_

**Date paid** \_\_\_\_\_  **Cash**  **Cheque**  **Electronic Transfer**

- Membership dues are currently a total of \$40: \$25 for Welland Museum Membership required for insurance purposes and \$15 for studio and monthly meeting room.

**Please note:** Niagara Hand Weavers and Spinners publish a membership booklet once a year that will include your name, address, phone number and email address. This is made available **ONLY** to the members of the Niagara Hand Weavers and Spinners for Guild business.

I agree  disagree  to releasing the above information to members in a membership list to be given to members only.

I give my consent for publication of any photos taken of me to be used by any means by Niagara Hand Weavers and Spinners.

**THIS** year the membership book will be sent to all members electronically. Please indicate if you would still like to receive a print version.

**Mailing Address:** Welland Historical Museum, 140 King St., Welland, ON L3B 3J3

**ATT: Niagara Handweavers and Spinners**