



MEMBERSHIP FORM

Annual Membership \$45 (\$25 for Seniors – 55 and older; Additional Family Members - \$5 per person for family members ages 12-17 for a limit of 4 per family).

PLEASE PRINT

Member Information:

Name: _____ Date: _____

Address: _____

City _____ State _____ Zip _____

Phone #: _____ Email: _____

Website: _____

What are your beading interests/experiences?

What topics would you like to see at future meetings/workshops?

What meeting/workshop times or days are best for you (check all that apply)?

Morning

Afternoon

Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you interested in volunteering for the Main Line Bead Society? If so, what are your special skills/talents (typing, writing, computers, marketing, advertising, speaking, organization, membership committee, publicity, treasury skills, accounting, graphics, etc.)

Make check payable to:

