

HAND WEAVERS AND SPINNERS GUILD OF NSW, Inc
PO Box 578, Burwood, NSW 1803

nsweave@spin.net.au

WORKSHOP FORM

Name of Workshop/s
.....
.....

Guild:

Name Member Non member

Address

Phone Number email

Amount Paid _____

Network Grp
Membership receipt # _____
Approval of Pres or Sec _____

Pay by cheque or credit card. Make cheques payable to: Hand Weavers and Spinners Guild NSW

CC number: Name on Credit card: Exp Date:
Visa, Mastercard only