Central Oregon Spinners and Weavers

Individual/Family Membership Application

Membership period 1 year from date of renewal

For Internal use only Treasurer: Date processed_____

Mail form and check made to COSW:
Teri Wise/Treasurer
2866 NW 19th St.
Redmond, OR 97756

PLEASE COMPLETE ALL INFORMATION THAT IS DIFFERENT FROM PREVIOUS

PRINT LEGIBLY

ame:								
ddress:								
ity:			State:	Zip:		+	_	
eferred Phone:			Alternate phone:					
Circle one: Home mail: PRINT LEGIBLY	Cell			Cı	ircle one: H	ome Cell		
Renewa New M New M Regu	ember p Type: ılar \$3	List names a	and emails	of family n	nembers:			
\$Family		I would lik	I would like donation to support the:General Fund;Memorial Fund					
		at you are inter						
Weaving:	Rigid heddle	4 shaft	8 sh	aft >	· 8 shaft	Inkle	Tapestry	
Various:	Spin	Dye	Fe		Cumihimo	Knit	Crochet	
	Sew	Bead	Stir					
	Sheep	Llama	Alpac	a Ra	abbits	Goats	Other	

Membership: Added to roster: