



FLORIDA TROPICAL WEAVERS GUILD

Membership Application/Renewal Form

**June 1, 2017 thru
May 31, 2018**

Name: _____

Address: _____

(If you have a separate summer address, please indicate dates for each.)

Summer address: _____

Telephone: _____

Email address: _____

District #: _____ Guild Affiliation: _____

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Returning _____

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Amount _____

Date Received _____

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