



Weaving Guilds of Oregon - WeGO

2017 MEMBERSHIP APPLICATION (Please Print)

GUILD NAME: _____

ADDRESS: _____

GUILD MEETING PLACE: _____

ADDRESS: _____

DAY OF MONTH: _____

TIME OF MEETING: _____

GUILD E-MAIL: _____

GUILD WEBSITE: _____

WeGO REPRESENTATIVE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

MEMBERSHIP ON DECEMBER 31, 2016 was _____ MEMBERS,

ENCLOSED IS A CHECK FOR THIS GUILD'S DUES IN THE AMOUNT OF
\$ _____.

PLEASE RETURN THIS FORM WITH CHECK BY MARCH 1, 2017. IT IS OVERDUE
AFTER March 31, 2017. MAKE CHECKS PAYABLE TO "WeGO, INC." SEND
COMPLETED FORM AND DUES TO:

KATHY NELSON, WEGO SECRETARY

1402 ELDERBERRY LANE

KLAMATH FALLS, OR 97601