

**Cuyahoga Weavers Guild**  
**Membership application/renewal**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ home

\_\_\_\_\_ cell

E-mail \_\_\_\_\_

\_\_\_ Check here if the above information is new

\_\_\_ Regular membership \$25.

\_\_\_ Newsletter-only membership \$12.50.

Please make check payable to **Cuyahoga Weavers Guild**.

Mail check and this form to:

Jean Jackson  
2980 Washington Blvd.  
Cleveland Hts., OH 44118