

Weavers' Guild of Rhode Island

Membership Application

Date:

Full Name:

Address:

City, State, Zip Code:

Email:

Phone Number:

Mail with a check for \$35 made out to WGRI to: (or bring to a guild meeting)

Leslie Mahler, Treasurer WGRI
468 Kingstown Road, Apt 10
Wakefield, RI 02879

Tell us a little about yourself.

I want to learn:

I am interested in helping with: (check all that are appropriate)

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|
| ☐ Programs | ☐ Hospitality | ☐ Presentation | ☐ Demonstrating | ☐ Mentoring |
| ☐ Newsletter | ☐ Speaker | ☐ Website | ☐ Other (please describe) <input type="text"/> | |