



MEMBER APPLICATION

Name: _____

Street Address: _____

City: _____

Prov./State: _____

Postal/Zip Code: _____

E-mail Address: _____ Phone: (_____) _____

____ I am already a Member of Canadian Guild of Knitters, Member # _____.

RETAILER INFORMATION (if applicable)

Company Name: _____

Website Address (URL): <http://> _____

_____ Yes, I want a one year membership with Canadian Guild of Knitters Individual membership \$30.00 - Retail Membership \$40.00	Amount Enclosed
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Register me now for one year and send me 5 Issues of Knit Together for the price of 4!	\$ _____.
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E-mail me an invoice for a one year membership, which includes 4 issues of Knit Together.	\$ _____.
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Enroll me in Level 1 of the Knitting Accreditation Program! \$55.00	\$ _____. =====
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For orders to be shipped to the United States, please remit in American dollars.

TOTAL ENCLOSED: \$ _____.

Please make cheques payable to:
Canadian Guild of Knitters
PO Box 20262
Barrie, ON L4M 6E9

For comments/suggestions please use the back of this form.