

Minnesota Basket Weaver's Guild Membership Application Form

Please send this Membership Application to:

The Textile Center of Minnesota / MBWG
3000 University Avenue SE
Minneapolis, MN 55414

NOTE: Make checks out to **MBWG – Minnesota Basket Weaver's Guild.**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

I would like to receive reminders and notes about upcoming events through email:
(Please circle one) YES / NO

I am willing to volunteer: (Please circle one) YES / NO

If YES, please circle the volunteer activities you are interested in:

- Set up tables at 8:00 am for classes
- Clean up after classes
- Teach a basket class, or other related class
- Demonstrate weaving at various events (e.g. State Fair, etc.)
- Be on the Board (Monthly meetings, possible other activities)
- Assist an instructor