## KNIT AT NIGHT GUILD Membership Information Form

Please complete this form and turn it in with your dues of \$20. It may be turned in at the guild meeting or mailed to the membership chairman at the address at the bottom of this form. Please be sure to complete all applicable information to enable the guild to better serve your needs. Thanks!

Name:	
Address:	
City:	State: Zip:
Home Phone: ( )	Cell Phone: ( )
Work Phone: ( )	Fax: ( )
Primary email:	
Secondary email:	
Birthday: Month Day	
Favorite knitting technique:	
Program suggestions:	
Workshop suggestions:	
<ul> <li>Are you interested in serving on any commi If yes, please specify on which committees</li> </ul>	ttees? □ Yes □ No you would be interested in participating:
<ul> <li>Have you completed the Craft Yarn Council</li> <li>Yes</li> <li>No</li> </ul>	's Certified Knitting Instructor program?
Have you completed the TKGA Master Knit If yes, what level?	ting Program? □ Yes □ No
• Are you interested in teaching knitting to oth	ners? 🗆 Yes 🛛 No
<ul> <li>Do you wish to receive the newsletter and c</li> <li>Yes</li></ul>	lirectory updates (pdf format) electronically via email?
• Do you wish to receive guild updates and m	nessages via email?   Yes  No
• Which group do you wish to be your "home"	' affiliation? □ Main guild   □ North chapter
Ju 7003 No Houston	or comments about this form, please direct them to: udy Jenson orthampton Way , TX 77055-7622 50@aol.com