

CAROLINA CLAY GUILD MEMBERSHIP FORM

Membership fees are due annually. Please select the type of membership that is applicable:

_____ Individual \$20.00

_____ Family (Individual & Spouse) \$25.00

Please enclose a check for annual membership fees in the amount corresponding to your selection above. Mail your check with this completed form to:

**Carolina Clay Guild
PO Box 5656
Greensboro, NC 27435**

Name _____

Address _____

Telephone _____

E-Mail address _____

My ceramic interests are: _____

Would you like your contact information listed in the Membership Directory at our website?

_____ **No**, not at this time.

_____ **Yes**, please include me in your Membership Directory. I would like the following information listed (name, address, phone number and/or email address):

Thank you for your interest. We hope to see you at the next meeting!