

For Office use only

Date _____

Check # _____

Amount Pd \$ _____

Greater San Angelo Craft Guild Associate Membership Application

Please Type or Print:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Cell Phone:** _____

E-mail: _____

Please provide detailed information on your crafts:

Please Print Name:

I _____ do verify that **ALL ITEMS IN MY BOOTH AT ALL TIMES WILL BE HAND CRAFTED** by me, my created design, pattern design or significantly altering techniques to create a new and unique product from the original item by me. I also verify that I do have a current Texas Sales Tax Permit. **I also agree to participate in all three (3) Guild Shows for the year (1st WEEKEND IN MAY, 3RD WEEKEND IN SEPTEMBER, & 1st WEEKEND IN DECEMBER) per the membership requirement. I must contact a board member by Wednesday before set up on Friday with the reason for not participating in a show. If not I will lose my MEMBERSHIP.**

Signature: _____ **Date:** _____

Dues \$37.00 per year

Dues Paid: \$ _____

Send to
Greater San Angelo crafter
PO Box 27
San Angelo, TX 76902

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