

2024-2025 Hedgehog Lacers Membership Application

| | | Member | |
|--|---|--|--------|
| Name: | Type of Lace: Bobbin Tatting Specialty or interest (if any): | | |
| Address: | | | |
| Phone: | | here if you don't want your ph r published in the guild directe | |
| Email: | Check here if you don't want your email address published in the guild directory | | |
| Dues: \$20 per year (\$15 if postmarked before July 31) *Child Membership: Age 17 or younger \$5.00 per year (must be | | | |
| sponsored) | Birth | day: Month: D | ay: |
| * Please fill out an application for each child and state who th Child's sponser is. Child membership does not include a separate newsletter. | the | Dues: | |
| | | Donation to Scholarship Fund | |
| Mail to: Cheryl Callaway 6072 Richmond Ave. Garden Grove, CA 92845 | snail mail | Child Membership | |
| | | Total Enclosed | |
| Photo/Media/Web I grant permission for the Hedgehog Lacers to p | | | ork in |
| guild publications and on our guild website. | | | |
| YES | |) | |
| I grant permission for the Hedgehog Lacers to r for use by other lace organizations. | release ima | ges of me and my wo | rk |
| YES YES | NO | | |
| I grant permission for the Hedgehog Lacers and my name in guild publications and on guild we | | organizations to pub | olish |
| YES YES | |) | |
| I have read and understand the above: | | | |
| Signature | | | |
| Printed name | | | |
| Date | | | |
| | | | |

Signature, parent or guardian ______ (if under age 18)