

The Workshop Membership Form

(please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Membership Type

You can select one of the following:

___ \$5 Senior

___ \$10 Individual

___ \$15 Family

___ \$25 Business

___ \$50 Bronze

___ \$100 Silver

___ \$250 Gold

___ \$500 Platinum

I would like to volunteer to help the workshop in these areas:

___ Teaching craft classes

___ Consumer mentoring

___ Consumer Social Events

___ Fundraisers

___ Mailings

Most memberships are tax deductible!

Mail this form along with your check made payable to:

The Workshop

706 West Street, PO Box 6087

Galena IL 61036-6087