



P.O. Box 1365
 Merchantville, NJ 08109
www.southjerseybeadsociety.org

Application for Membership

Please complete this form and return it with your payment.

Memembership
 Through June 30, 2010
\$12.50

Date: _____
 New Member: _____ Renewal: _____
 Your Birthday: _____

Name: _____ Telephone (H) : _____

Address: _____ Telephone (C) : _____

City - State - Zip: _____ E-mail: _____

Please Share Your Interests and Talents with Us

1. Do you have any experience with beadwork? If so, how long have you been beading?

2. What kinds of beads do you work with most? (i.e.: seed beads; lampwork, etc.)

3. What kinds of workshops would you like to see presented locally?

4. Would you attend weekend workshops? Yes No

5. Do you have any interest or experience in marketing your work? Yes No

6. Do you own a bead related business? Yes No If so, provide name and address.

7. Which of the following topics are you interested in pursuing? Please check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Beadwork Embellishment | <input type="checkbox"/> Bead Stringing | <input type="checkbox"/> Bead Weaving* |
| <input type="checkbox"/> Beaded Cabochons | <input type="checkbox"/> Glass Bead making | <input type="checkbox"/> Elements of Design & Color |
| <input type="checkbox"/> Glass Bead Making | <input type="checkbox"/> History & Culture | <input type="checkbox"/> Metalworking |
| <input type="checkbox"/> Polymer Clay work | <input type="checkbox"/> Stone Identification | <input type="checkbox"/> Wire Work |
| <input type="checkbox"/> Other: _____ | | |

*Peyote Stitch - Brick Stitch - Square Stitch - Herringbone - Loom Work - Etc.

8. Are there any areas in which you can share your talents to assist the South Jersey Bead Society?

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Membership Development | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Semi-Annual Events | <input type="checkbox"/> Newsletter Contributions | <input type="checkbox"/> Finance & Fund raising |
| <input type="checkbox"/> Library | | |
| <input type="checkbox"/> Other: _____ | | |

We welcome any comments that you may have.

Your Signature: _____

For Membership Chairperson Only

Paid: Cash / MO / Check # _____ Date of Check: _____

Membership Card _____ Membership Listing _____