

Clay Guild of the Cascades Membership Application

Please print clearly, especially your email address!

Name(s) _____

Street Address _____

City _____

State _____ Zip _____

Phone _____

Studio/fax/other phone _____

Email _____

Website _____

\$ _____ Regular Membership \$20

\$ _____ Donation to Clay in Education

\$ _____ Total enclosed

Check one: ___renewal or ___new member

We prefer to use email to correspond. If you absolutely need your information to come to you via US Post Office please check this box: _____

Please make check payable to **Clay Guild of the Cascades**. Mail this form and your check to:

Clay Guild of the Cascades
PO BOX 172
Bend OR 97709

Thank you!