



Peach Fuzz Fiber Guild Membership Form

Name: _____

Street Address _____

City _____

State _____ Zip Code _____

Email Address: _____

Phone Number: (H) _____ (Cell) _____

Application Type: New Renewal Business

Birthday: Month/Date _____ Ravelry Id (optional): _____

I Give the Peach Fuzz Fiber Guild permission to use my photo YES NO

Signature: _____ Date: _____

Membership Runs from January through December of a calendar year

Make Checks payable to: Peach Fuzz Fiber Guild

For Guild Use Only

Received By: _____ Cash Check PayPal Website