Book Arts Guild Membership Form

Please complete and submit this form only if you are paying dues by check.

The same information is collected with your dues if you join/renew online at www.bookartsguild.org

Mail completed form with \$20 check payable to the "Book Arts Guild" to:

Book Arts Guild PO Box 31534 Seattle, WA 98103

First Name		Last Name			
Email Address		Phone Num		ber	
Street Address, incl	uding Apt	t. or Box #			
City		State/Province/Territory		Country if not USA	
Zip Code					
This is (check one)	□ New Membership□ Renewing Membership				
Please (check one)	□ Do	inclu	-	ion in a membership directory together and produce one this year)	