



Send this form with a check made payable to the "Northwest Bead Society" to:

Northwest Bead Society Membership
P.O. Box 982
Lynnwood, WA 98046-0982

Official Use
Only

Postmark Date:

Amount Paid:

Check #:

Please direct any questions to: nwbeadsocietyinfo@gmail.com

Membership valid through December 31, 2024

NWBS Membership Renewal - 2024

Name(s) of Member(s): _____

Category: Individual \$30 _____

Business Name (for commercial memberships): _____

****Changes and comments:** Please use the space below to notify us of any changes in your name, street address, home phone, work phone, cell phone, e-mail address, or (for commercial members only) business name, web site, or one-line business description:

****Birthdate (Month & Day only):** _____

***Do you authorize the Northwest Bead Society to publish photographs of you and/or your work?** Yes No*
I have read and agreed to the Northwest Bead Society Code of Conduct *

NWBS New Membership – 2024

Name(s) of Member(s): _____

Category: Individual \$30 _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (with area code) Work: _____ Home: _____ Cell: _____

E-mail: _____ Web site: _____

****Commercial memberships** include a link to your website from ours and a one-line description of your business. Please enter your business name and description below:

Business Name: _____

Description: _____

How did you hear about NWBS? _____

*Please see website for code of conduct and photo release information