



Please check: NEW CTBS MEMBER []

RENEWING CTBS MEMBER []

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

CELL OR WORK PHONE _____

E-MAIL _____

(Our method of communication)

We would like the CTBS to be interesting to all our members, so please complete the following:

Special areas of Interest:

- ___ Stringing
- ___ Off-Loom Bead weaving
- ___ Loom Work
- ___ Precious Metal Clay
- ___ Polymer Clay
- ___ Lampworking
- ___ Wirework
- ___ Bead Crochet
- ___ Steampunk
- ___ Other: _____

Interest in Participating on Committees:

- ___ Bead Bazaar
- ___ Programs
- ___ Bead Retreat (2 ½ Day Retreat with Renowned Teachers)
- ___ Membership
- ___ Scholarship Fund
- ___ Bead Swap
- ___ Bead Shop Hop
- ___ Teach at a Beading Station
- ___ Bead Technique Expert – technique: _____

Dues are \$15 per year. Our “Bead Year” runs from October 1st through September 30th.

Please bring enrollment form to a meeting or mail to:

CT Bead Society
 583 Maple Shade Road
 Middletown, CT 06457

Meeting Location:

Nathaniel Greene Community Center
 Guilford Parks & Recreation Dept.
 32 Church Street (2nd fl) Guilford, CT 06437

For office use only:

Dues rec'd _____ Check # _____ Cash _____ Pay Pal _____ Received by _____ Card # _____