

## Book Arts Guild Membership Form

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

Mail completed form and check to:

Book Arts Guild  
515 N 49<sup>th</sup> St  
Seattle, WA 98103

First Name:		Last Name:	
Email Address:		Preferred Phone #:	
Street Address, Incl. Appt or Box #			
City:	State:	Country if other than USA:	
Zip:		Province or Territory:	
This is a (check one):  <input type="checkbox"/> New Membership. <input type="checkbox"/> Renewing Membership			
I would like to receive BAG announcements by (check one):  <input type="checkbox"/> Email <input type="checkbox"/> Postal mail			