



MBS Membership Renewal Form 2018-19

Please complete this form and bring it to a meeting or mail it to MBS with your payment.
Membership cards will be mailed to you. Thank you!

Name _____

Address _____

City, State, Zip _____

Phone _____

*Email _____

(*The newsletter is posted to the website and members are notified by email. If you prefer to have a copy mailed to you, check here _____)

Type of membership (September 1 to August 31)

_____ Individual - **\$25.00**

_____ Family (includes partner and dependent children living at home) - **\$35.00**

_____ Business/Organization - **\$35.00**

MAKE CHECKS PAYABLE TO: Madison Bead Society

Bring your payment to the next MBS meeting or mail to:

**Madison Bead Society
PO Box 1563
Madison, WI 53701-1563**

Membership questions? email info@madisonbeadsociety.org

Meeting Schedule: **2018:** September 24, October 22, November 26, (no meetings in December and January), **2019:** February 25, March 25, April 22, May 20 [**third Monday**], June 24, July 22, August 26