MEMBERSHIP FORM - 2026-27

$55 paid by cash____ or check___ $57 paid by Pay Pal ___

Name on PayPal account ________________
(needed to match payment with form)

Name: _

Street:____

City:________________________________Zip:____________

Home Phone: _

Cell phone:____

Email: _

Ravelry name:_______________________________________

Permission to publish your name and address on directory on SRKG website.
Note: A password will be required to access the directory

YES_______ NO_____