

Austin Bead Society Membership Application

1. Print this form.
2. Complete the Application (Please print clearly)
3. Enclose your check (payable to: Austin Bead Society)
4. Mail it to:
Austin Bead Society
P. O. Box 656
Austin, TX 78767-0656

Application Date: _____

Name(s): _____

Business Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Day Area & Phone: _____

Eve Area & Phone: _____

Membership Category (Select one)

Single \$20 Family \$30 Student \$15

Senior \$15 Friend \$50 Business/Patron \$75

Membership Type (Select one)

New Membership Renewal Membership Correction

When ABS provides the membership mailing list to vendors, do you want your name included?

Yes or No?

Amount Enclosed _____