

**Venetian Society of Basket Weavers
Membership Application**

Name _____

FL Address _____

Phone _____

Cell Phone _____

Email _____

Seasonal Resident: yes ____ no ____

Seasonal Address _____

Phone _____

Leave date _____

Return Date _____

Membership: \$30.00 Individual _____

\$35.00 Family _____

Check Payable to: **VSBW**

Mail to: **Venetian Society of Basket Weavers**
P. O. Box 1411
Venice, FL 34284-1411