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ATLANTA BEAD SOCIETY MEMBERSHIP APPLICATION

New: ☐ Renewal: ☐

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Birthday (Month/Day): _____

OPTIONAL:

Company: _____

Address: _____

Phone: _____ FAX: _____

E-mail Address: _____

Dues: \$25.00 annually, payable January 1

Please return completed form along with membership dues to:

The Atlanta Bead Society, P.O. Box 69, Decatur, GA 30031-0069