**Weavers’ Guild of St. Louis**

**Zella Rubin Student Membership Application**

(Adopted 5-10-2015)

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| **Date:**  |
| **Name:**  |
| **Address:**  |
| **Telephone (day and evening #s):**  |
| **Email:**  |
| **Institution where presently enrolled:**  |
| **Present course of study:** |
| **Please describe your weaving/fiber arts experience and what you expect to gain from your membership in the Weavers’ Guild of St. Louis.**  |
| **Name and contact for a WGSL member or fiber arts professional we may contact as a reference.** |
| **AGREEMENT AND “ELECTRONIC” SIGNATURE****By submitting this application I agree to abide by all the regulations governing this Student Membership** |
| **Signature:**  |

Please complete this application and send via e-mail attachment to: Marilyn Emerson Holtzer, weaver.raveloe@gmail.com.

Or snail mail to

Marilyn Emerson Holtzer

6636 Pershing Ave

St Louis, MO 63130