



Illinois Association of Wheat Weavers
Membership Application

Name _____ Telephone (____) _____

Address _____ City _____

State _____ Zip _____ email _____

Annual dues are:

\$10 residents of the continental U.S.A.

\$15 all others (must be paid in U.S. currency)

Other family members living in the same household may join for \$2 each.

Date _____ Amount Enclosed \$ _____ New _____ Renewal _____

Name of family member(s) _____

Print this form and send it with a check or money order to:

IAWW Treasurer

Kathy Dailey

9863 Wolf Hill Rd.

Bloomington, IL 61705

email: info@illinoiswheatweavers.org