



## MEMBERSHIP APPLICATION

President: Maryjane Angelo  
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Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How long have you been doing leathercraft? \_\_\_\_\_

What kind of leathercraft do you enjoy?

\_\_\_\_\_

How did you get started in leathercraft?

\_\_\_\_\_

How did you hear about the Pitt Pounders?

\_\_\_\_\_

List three types of leathercraft skills you would like to see demonstrated at future meetings.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Annual Dues: \$20.00 per individual or \$25.00 for family  
(Make checks payable to "The Pitt Pounders Leather Guild")

