

The Casements Guild of Ormond Beach Application



Name: _____
Last, First

Address: _____
No. & Street, City, Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthday: _____ Shirt Size: _____
Month & Day

Occupation: _____

Are you a full-time resident: Yes No?

List Interests and Hobbies: _____

How did you hear about The Guild? _____

Please check the committees listed below that you would be willing to serve on or participate.

Annual Gala Archives Computer

Crafts Newsletter Publicity

Hospitality Other: _____

Signature: _____ Date: _____