

Greater Birmingham Bead Society

PRIMARY MEMBER

Name: _____

Address: _____

City/State/ZIP: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: (for GBBS monthly newsletter) _____

BIRTHDAYS: (year optional) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____

Phone: (1) _____ (2) _____

BEADING - JEWELRY MAKING EXPERIENCE

Jewelry Making Passion(s): _____ How long? _____

Training: _____

Level of experience? (circle one)	Do you sell your work?	Do you have or represent a bead or jewelry related company?
Beginner 1	_____ galleries	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	_____ craft shows	Company Name: _____
3	_____ internet	
Advanced 4	_____ friends/relatives	

PHOTO RELEASE: We try to capture the activities of our members at work and at play. However, in an effort to be sensitive to the privacy of our members, we desire your signature granting your permission to publish photos of you, your work, and/or photographs with your image, in our promotional and informational venues.

Please Sign Here Authorizing your Photo Release: X

Your signature below serves as your permission to share your contact information--*down to the double parallel lines*-- with other GBBS members. Please send your completed application along with your check--*made payable to "Greater Birmingham Bead Society" (GBBS)*-- in the amount of \$30 for annual membership.

MAIL to: **GBBS, 213 Newgate Circle, Alabaster, AL 35007.**

Signature: **X** _____ Date: _____