



Your Contact Details:

Name _____
Address _____
City _____
State/Province _____
Postal Code (zip + 4) _____
Country _____
Phone _____
Email _____

Type: New ___ Renewal ___

Table with 2 columns: Region and Pricing. Rows include United States, Canada and Mexico, and Outside North America with 1 and 2 year rates.

Payment Options: Credit Card

Charge Card Visa Mastercard Discover/Novus (circle one)
Card number _____
Expiration Date _____
Security Code _____
Name as it appears on your card _____

OR Enclose a Check or Money Order made payable to Complex Weavers
(US Funds drawn on a US Bank)

Print this form, then fill it out and send to:

Membership Chair
Complex Weavers
8742 Teasdale Avenue
St. Louis, Missouri 63124-1926
USA