

Upper Midwest
Soapmakers Guild



Vendor Member Application

Name/Business Name: _____

Street Address: _____

City: _____ State: _____

Business Address: (if other than mailing address):

Phone Number: _____

(Please Include Area Code)

If this is your personal home phone number and you not want it published anywhere, please make a note to that effect

Fax Number: _____

Email Address: _____

Discount Available to Our Members (if applicable): _____

Website URL: _____

General Comment/Questions:

Please note that dues for a Vendor Membership are \$25 (single), \$50 (dual) for a 1 year period.

If you are willing to offer a discount to our membership, or a service to the Guild, the dues may be waived by the board. Discounts to members are optional and at your discretion. If there is a member coupon number or any other ordering notations that need to be made to receive this discount, please let us know.

If your email, mailing address, phone number changes, or if you've established a new web site, please send us the information so we can keep our membership list updated.

Please mail the completed form and dues to:

Debbie Parsley

P.O. Box 444

Holmen, WI 54636

Please allow 7 to 10 days after receipt of application with dues for processing.
We will notify you upon approval into the Guild.