



Meta Makers Cooperative Membership Form

First Name:

Last Name:

Address:

City: Province: Postal Code:

Email Address:

Phone Number: ☐ This is a mobile number

Age: ☐ I am 18 years of age or older

Method of Payment: ☐ Cheque ☐ Cash ☐ Interac e-transfer

Please send e-transfer payments to pay@metamakers.org

Public Member Profile:

The following profile information will be displayed on your public Member Profile.

Tell us about yourself (a brief bio):

Public Member Profile continued on next page.

Public Member Profile:

Tell us about special skills you have that you can share with others:

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What new things would you like to learn?

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Metalworking | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Leatherworking | <input type="checkbox"/> Fibre arts |
| <input type="checkbox"/> Cosplay | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Electronics | <input type="checkbox"/> Software |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Glasswork | <input type="checkbox"/> Pottery | <input type="checkbox"/> Painting |
| <input type="checkbox"/> CAD | <input type="checkbox"/> CNC | <input type="checkbox"/> Podcasting | <input type="checkbox"/> Audio Production |
| <input type="checkbox"/> 3D Printing | <input type="checkbox"/> Video Production | | |

Other interests not listed above:

By submitting this membership form, I understand that my public Member Profile information will be on display in the Meta Makers location. Meta Makers does not share your information with third parties.

- ☐ I have read and agree to abide by the SOPs
- ☐ I agree to receive electronic messages from Meta Makers and to the electronic message consent policy

X

Date:
