

**GARLAND QUILT GUILD
MEMBERSHIP FORM
2018**

Membership Fee: \$25.00 payable to Garland Quilt Guild

(Please print clearly)

MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____

CELL: _____

(If you prefer any # not be published, please do not list it)

BIRTHDAY: MONTH & DAY _____

E-MAIL: _____

SPOUSE'S NAME: (If applicable) _____

Please check any area you may be interested in :

Advertising

Hospitality

Data Base

Library

Finance

Speaker Dinner

Friendship Group

Web

Guest Host

Writing

Other _____

Other _____

Please list any memberships you have in other quilting guilds:

Please take to the Membership Table at the Guild meeting or mail to:

Garland Quilt Guild,
P.O. Box 460625
Garland, TX 75046-0625
Attention: Membership Chair

Paid: \$25.00	(Official Use)
Check # _____	Cash: _____
Date Received: _____	
By: _____	

Official Use: Notebook _____ Picture _____ Card _____