

GARLAND QUILT GUILD
MEMBERSHIP FORM
2022

*Membership Fee: \$25.00 payable to Garland Quilt Guild
(Please print clearly)*

MEMBERSHIP NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____
(If you prefer any # not be published, please do not list it)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:

- | | |
|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Data Base | <input type="checkbox"/> Library |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Speaker Dinner |
| <input type="checkbox"/> Friendship Group | <input type="checkbox"/> Web |
| <input type="checkbox"/> Guest Host | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Please list any memberships you have in other quilting guilds: _____

Are you a Military Veteran? No Yes - which branch? _____

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

Official Use: Notebook _____ Picture _____ Card _____