GARLAND QUILT GUILD MEMBERSHIP FORM 2024

PLEASE PRINT CLEARLY:

	MEMBERSHIP LETTER AND NUMBER:						
	NAME:						
	ADI	ADDRESS:					
	CITY: STATE: ZIP:						
	НО	HOME PHONE: C				LL PHONE:	
		(If you prefer any # not be listed, please do not list it.)					
	BIRTHDAY MONTH AND DAY:						
	EMAIL:						
SPOUSE'S NAME (If applicable):							
Please circle any area(s) of interest:							
	Advertising		Finance	Guest Host	F	Friendship Group	
Data Base		•	Web	Other			
Are	you a	Military Veterar	יייייייייייייייייייייייייייייייייייייי	If yes, which brai	ch?		
Do	you wa	ant a membersh	nip directory? _	YesNo			
	(Dir	rectories for pic	kup free at mee	tings or mail opti	on offer	ed for \$2.00 fee. See below.)	
Me	mbersh	nip Fee <mark>(check</mark> (one):				
	Membership Fee O \$25.00 check payable to Garland Quilt Guild O \$25.00 cash (exact, no change available) O \$25.00 VENMO Membership Fee plus Mailed Directory			ĺ			
					te this form to the Membership le at the Guild meeting or mail to: Garland Quilt Guild Attention: Membership Chair PO Box 460625		
	 O \$27.00 check payable to Garland Quilt Guild O \$27.00 cash (exact, no change available) O \$27.00 VENMO 				Garland, TX 75046-0625		
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