FLATHEAD QUILTERS' GUILD MEMBERSHIP FORM

New Member	Current Member Ren	ewaiPas	st Member Renewal
Date:	Amount Paid:	Cash or	Check No
Name: PRINT first/la	ist name, how you would l	ike it to appear on	your Name Tag:
Mailing Address:			
City:		State:	Zip:
Home Phone:	(Cell Phone:	
Email Address:			
Birthday (Month/Day)	Signature:		
•	npleted form with check or ual dues are \$35.00, payal	•	Guild Meeting before or by the Quilter's Guild.
I would like to donate	e \$ over and above n	ny membership du	es for the year.
If you are a member you submit this regis	_	, please complete	a youth membership form when
Office Use Only:	payment received.		Membership Card Issued
Rado	e Issued (Note: There is a	fee for replaceme	nt/lost hadges)