

FLATHEAD QUILTER'S GUILD MEMBERSHIP FORM

New members under 18 years of age complete and submit youth membership form.

Membership Registration:

New Member _____ Current Member _____ Returning Member _____

Date: _____ Amount paid _____

cash _____ or check number _____

NAME: Print name how you would like it to appear on your name tag:

Address: _____ City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Birthday: Month _____ Day _____

Signature _____

Please send completed form with funds attached, by February 28, 2024, to Flathead Quilters Guild, P.O. Box 9845, Kalispell MT 59904.

Annual dues are \$35.00, payable to Flathead Quilter's Guild.

I would like to donate \$ _____ over and above my membership dues.