



ALGONQUIN QUILTERS' GUILD

Membership Application

Please print this application and bring to the next guild meeting with your membership dues.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth month and date: _____

Home phone: _____

Business phone: _____

Email: _____

What is your current membership status? Renewal New Member

Would you like to receive the newsletter via email? Yes No

May we include your contact information on the
Guild Membership list? Yes No