CHAMBERSBURG QUILT GUILD

MEMBERSHIP FORM

Each member must complete an application form.

Membership dues for the coming year, September1, 2017 to August 31, 2018, must be paid no later than September 1st or membership will lapse.

Checks are made out to the Chambersburg Quilt Guild, can be sent to the membership chairperson:

Roxanna Iser
CHAMBERSBURG QUILT GUILD
1059 Marvern Drive E
Chambersburg, PA 17202

Please fill in the following information:

Name: (MS, MRS, MISS, MR) _____ ____ _____
FIRST MI LAST

Emergency Contact information:

Name_____ **Phone:** _____ **Relationship:** _____

Name_____ **Phone:** _____ **Relationship:** _____

Email: _____ **Birthday:** _____/_____

Street, RR# or Box #: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____)_____ **Cell: (____)**_____

Select membership type

Single ($30.00)_____ Family ($35.00)____ Junior ($20.00)__(ages 10-17)

(Please note that if you choose a family membership, all members must reside at the same address

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Are you willing to print your copy of the monthly newsletter from the guild website? Yes___ No__
(www.chambersburgquiltguild.org**)**

I agree___/disagree___ that the Chambersburg Quilt Guild may use my photographs in the CQG website.

_____
Your signature

L____
W___
C____