

**HOMEMAKER'S COUNTRY QUILTERS**  
**MEMBERSHIP DUES**  
**\$30.00 Annual Dues payable Now**  
(Checks Payable to Homemakers Country Quilters)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TOWNSHIP/BORO/COUNTY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PLEASE CHECK BOX ONLY IF YOUR ADDRESS, PHONE NUMBER, or EMAIL HAS CHANGED SINCE LAST YEAR**

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDAY: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ ACTIVE MEMBER \_\_\_\_\_

**30+** YEARS OF MEMBERSHIP \_\_\_\_\_ ASSOCIATE MEMBER \_\_\_\_\_

LIST OTHER QUILT GUILDS/ASSOCIATIONS TO WHICH YOU BELONG \_\_\_\_\_

YES \_\_\_ or NO \_\_\_ I give permission to publish my picture or quilt in the HCQ website or Facebook.

PAID: DATE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ 30+ years free \_\_\_\_\_

WOULD YOU BE WILLING TO BE A QUILT SISTER? \_\_\_\_\_

**Return this form and your payment BEFORE April 30<sup>TH</sup> to: Joanne McColgan**  
**543 Harvey Road**  
**Glenside, Pa., 19038**

**Homemakers Country Quilters Emergency Contact Information**

Please include a phone number that is **useable during our meeting.**

**Your Name** \_\_\_\_\_

Contact person name and phone number \_\_\_\_\_

\_\_\_\_\_

Alternate contact person and number \_\_\_\_\_

\_\_\_\_\_