

HOMEMAKER'S COUNTRY QUILTERS
RENEWAL MEMBERSHIP FORM
\$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 30TH 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 _____