**HOMEMAKERS COUNTRY QUILT GUILD**

**2025-2026 RENEWAL MEMBERSHIP FORM**

**$30.00 Annual Dues payable NOW**

(Make Checks Payable to Homemakers Country Quilt Guild)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

HOME PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**HAS YOUR ABOVE ADDRESS, PHONE OR EMAIL CHANGED IN THE LAST YEAR? PLEASE CHECK BELOW –**

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

BIRTHDAY: DAY & MONTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIP (please check)

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

PLEASE 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.

YES\_\_\_\_\_or NO\_\_\_\_\_ I would like to receive a membership card.

YES\_\_\_\_\_or NO\_\_\_\_\_I would be willing to be a quilt sister.

PAID: Date\_\_\_\_\_\_\_\_\_\_\_\_Cash\_\_\_\_\_\_\_\_\_\_\_\_\_Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_30+ Years Free\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form and payment ($30.00) BEFORE April 30th to: Cathy Belt**

 **2170 Miller Place**

**Please make checks payable to Homemakers Country Quilt Guild! Hatfield, PA 19440**

**HOMEMAKERS COUNTRY QUILT GUILD EMERGENCY CONTACT INFORMATION**

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

**YOUR NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALTERNATE PERSON NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**