

**HOMEMAKERS COUNTRY QUILT GUILD
2025-2026 RENEWAL MEMBERSHIP FORM
CHARTER MEMBERS AND 30+ YEARS MEMBERS
(No dues are required but we'd still like your updated information)**

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 _____

PLEASE LIST OTHER QUILT GUILDS/ASSOCIATIONS TO WHICH YOU BELONG _____

YES _____ or NO _____ I am still actively sewing/quilting

YES _____ or NO _____ I am still able to complete 2 quilts each year for the Ronald McDonald house.

YES _____ or NO _____ I would like to attend meetings, but I need a ride from my home to meeting.

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.

**Please return this form BEFORE April 30th to: Cathy Belt
2170 Miller Place
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** _____