

Date _____

Cherokee Rose Quilters Guild

2008 Membership Form

Please Print Clearly

Name _____ Spouse _____

Address _____

City _____ GA Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ (Is not printed in Directory)

E-mail _____ Birthday (Month) _____ (Day) _____

Check Your Preferences Below:

_____ Attend Day Meeting – 2nd Thursday at 9:30am

_____ Attend Night Meeting – 4th Thursday at 7:00pm

_____ Attend Both Meetings

_____ Telephone Reminder for Meetings

_____ E-mail Reminder for Meetings

_____ Read Newsletter Online at Website

_____ Mail Newsletter (Pay Additional \$8.00)

Yearly Dues are \$20.00 *Make checks payable to:*

Cherokee Rose Quilters Guild

----- **Membership use only below this line** -----

Renewal Paid \$ _____ Cash ___ Check# _____

New Member Paid \$ _____ Cash ___ Check# _____