

Date _____



Cherokee Rose Quilters Guild

2017 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
- _____ Email Reminder for Meetings

- _____ Read Newsletter Online at Website
- _____ Mail Newsletter (**Pay Additional – Contact Membership**)

Yearly Dues are \$30.00 *Make checks payable to: Cherokee Rose Quilters Guild*

Please bring your completed renewal form and payment to a meeting or
Mail to: Denise Allee, 9115 Saddlebrook Court, Douglasville GA 30135

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

Renewal	Paid \$ _____	Cash ___	Check# _____		
New Member	Paid \$ _____	Cash ___	Check# _____	Badge ___	Notify ___