

Date \_\_\_\_\_



**Cherokee Rose Quilters Guild**  
2019 Membership Form {age 15 and up}

**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 – 2<sup>nd</sup> Thursday at 9:30am

\_\_\_\_\_ Attend Night Meeting – 4<sup>th</sup> Thursday at 7:00pm

\_\_\_\_\_ Attend Both 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:** Albertha Brown 3985 Soaring Drive Douglasville Ga. 30135

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

Renewal Paid \$ \_\_\_\_\_ Cash \_\_\_ Check# \_\_\_\_\_

New Member Paid \$ \_\_\_\_\_ Cash \_\_\_ Check# \_\_\_\_\_ Badge \_\_\_ Notify \_\_\_