

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 – 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: Charles Phaneuf, 209 Brookside Way, Villa Rica GA 30180

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

Renewal Paid \$ _____ Cash ___ Check# _____

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