

Date _____



Cherokee Rose Quilters Guild

2024 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 nd Thursday at 9:30am

_____ Attend Night Meeting – 4 th Thursday at 6:30pm

_____ Attend Both Meetings

_____ Email Reminder for Meetings

_____ Read Newsletter Online at Website or GroupWorks

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: Jeanne Andersen, 5297 Kings Hwy, Douglasville, Ga. 30135

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

Renewal Paid \$ _____ Cash ____ Check# _____ New Member Paid \$ _____ Cash ____ Check#

_____ Badge ____ Notify ____