

Date _____

Cherokee Rose Quilters Guild
2027 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) ____

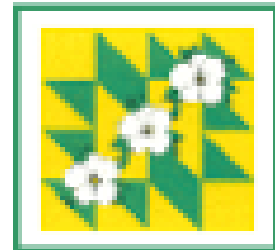
Check Your Preferences Below:

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

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

_____ Attend Both Meetings

_____ Email Reminder for Meetings



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

Please bring your completed renewal form and payment to a meeting **or**

Mail to: Paul Feist, 5425 Mill Valley Drive, Douglasville, GA, 30135

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

Renewal Paid \$ _____ Cash _____ Check# _____

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