

TEWKSBURY PIECEMAKERS QUILT GUILD
P.O. BOX 617 TEWKSBURY, MA 01876

Date _____

MEMBERSHIP FORM

DUES ARE \$30.00

PLEASE MAKE CHECK OUT TO TEWKSBURY PIECEMAKERS QUILT GUILD

PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

BIRTHDAY: MONTH _____ DAY _____

DUES - PAYABLE BY JUNE 30TH

I PREFER REGULAR MAIL

YOU MAY GIVE OUT MY EMAIL ADDRESS TO OTHER MEMBERS

RECEIVED _____ CHECK # _____