

Foothills Piecemakers Quilting Guild Membership Enrollment Form

Please check where appropriate:

_____New Member _____Renewing Member since what year _____
_____Cash _____ Check (# _____)

(Please print)

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone number(s) _____

Email address: _____

Date of Birth (day and month only): _____

Spouse's first name: _____

Bring completed form and \$20* to a meeting or mail to:

Foothills Piecemakers Quilting Guild
Attn: Membership Chair
PO Box 26482
Greenville, SC 29616

* Note for new members only: If you join between January and June, pay only \$10.