Foothills Piecemakers Quilting Guild
Membership Enrollment Form

Please check where appropriate:

___ New Member ___Renewing (member since ____) ___Renewing after interruption of membership (more than 1 year)

____ Cash _____Check (#_____)

____ Yes ____No Current directory information is correct (except as noted below) (Please Print)

Name _____

Address _____

City_____ State_____ ZIP _____

Cell#_____ Home#_____

Email Address_____

Date of Birth (MM/DD)_____

Spouse's first name:_____

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Bring this completed form and $20.00* to a meeting or mail to:

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

____ Yes ____No I agree to have my phone # and address on "Member's Only" website

____ Yes ____No I agree to have my picture on "Member's Only" website

_____ _____

Signature Date