

CAPITOL CITY QUILT GUILD

2018 Membership Registration

Name _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Alternate Phone: _____

Email: _____ Month and Day of Birth: _____

Membership Dues:

<input type="checkbox"/> New	\$40.00	<input type="checkbox"/> \$10 Late Renewal – after April 30 th	\$50.00
<input type="checkbox"/> Renewal	\$40.00	<input type="checkbox"/> Membership after Nov 1 st	\$20.00

Newsletter: PLEASE SPECIFY

\$5 fee - I would like to receive a PRINTED copy of the newsletter.

I would like to receive the newsletter via EMAIL or from the CCQG website (only).

Small group(s) I belong to: _____

I am interested in small group membership.

Make check payable to: *Capitol City Quilt Guild or CCQG*

Check Number: _____

Cash: _____

Mail to:

Carole Rasmussen
4458 Hickorywood Dr
Okemos, MI 48864

OR

Drop at:

Check-in table @ the Guild meeting with exact amount