

CAPITAL CITY QUILT GUILD

Membership Registration

Name _____ Date _____

Renewing members – please check your info on the “members” section of the CCQG website or in your printed directory. If there are no changes that need to be made, you can check “no changes” and skip the info section. If changes, fill out the relevant new information.

New _____ Renewal _____ No changes _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mobile Phone: _____

Email: _____

Month & Day of Birth: _____

Membership Dues: (*Our year runs from May to April*)

New/Renewal (\$40) _____ Half Year (\$20) _____
(May – April) (Nov – April)

Newsletter and Member Directory, PLEASE SPECIFY:

___ \$10 fee – I would like to receive a **PRINTED** copy of the newsletter and member directory.

___ I would like to receive the newsletter via **EMAIL** or from the CCQG website, and the member directory from the “members” section of the website.

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 form with exact amount to:

Chelane Priller
108 W. Columbia St.
Mason, MI 48854

OR Drop form and exact amount at the membership table.