



GLHQ 2017 – 2018 MEMBERSHIP FORM

Annual Dues \$40.00

Please Print Clearly

NAME: _____ MEMBER #: _____

ADDRESS: _____

HOME # (_____) _____ WORK # (_____) _____

CELL # (_____) _____ BIRTHDATE (MM/DD/YYYY): _____

E-MAIL ADDRESS: _____

Do you want your name and address included when quilt shops ask for our roster?

_____ Yes, include my information. _____ No, do not release my information.

Newsletters will be delivered via email unless you indicate here: _____ US Mail

Your name will be included in the Online Roster (password protected) unless you check here _____ Opt Out

What will you help with?

_____ Fundraising

_____ Hospitality

_____ Charity

_____ Newsletter

_____ Membership

_____ Quilt Day

_____ Travel

_____ Quilt Challenge

_____ Wherever needed

_____ Web Site

_____ Show & Tell

_____ Program/Speaker and

_____ Door Prizes

_____ Welcoming

Workshop (transport/host/assist)

_____ Board Position (Specify _____)

Bring the completed form to a Guild meeting OR mail completed form to:

Andrea Cushman

33825 Hamlin Ct

Farmington, MI 48335

PLEASE NOTE: MEMBERSHIP MUST BE PAID AND THIS FORM RETURNED BY THE OCTOBER 2017
GENERAL MEETING FOR YOUR INFORMATION TO BE INCLUDED IN THE PRINTED ROSTER.

Date received _____ Check # _____ Cash _____