

Do Not Write In This Space.

Cash or Check Number _____

Amount _____

Piecing Partner Quilt Guild – 2019 Membership Form

- New Member Renewal
- Change of Information No Changes

Name _____

Address _____

Mailing Address if different _____

City _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

E-Mail Address _____

Newsletter: E-mail **or by** US Mail for an **additional fee of \$12**

Annual dues are **\$25.00** which includes the newsletter distributed via e-mail. **Amount Enclosed:** _____

I would like to donate to the PPQG membership dues fund for those needing help with membership dues.
Contact the PPQG President if you need assistance. **Amount donated:** _____

Make check payable to **PPQG** and mail this form and your payment to **PPQG, PO Box 7572, Colorado Springs, CO 80933** or bring to a quilt guild meeting.

Dues must be received by **January 31st** for your name to be printed in this year’s Membership Directory.

*By signing here, you are asking the guild ***not*** to print your information in the directory.

Piecing Partner Quilt Guild – 2019 Service Provider

Yes! Please include my information in the Service Listing of the 2019 Directory. Only quilt-related services will be listed.

Name _____

Phone _____

Service: Longarm Quilter Other (please Specify) _____

Please bring this completed form to the November or January meeting and drop off at the membership table, or mail it to PPQG, PO Box 7572, Colorado Springs, CO 80933. *Your information must be received by January 31st to be included in the Membership Directory, even if you were listed in a prior year.*