

CHAMBERSBURG QUILT GUILD



MEMBERSHIP FORM



Each member must complete an application form.

Membership dues for the coming year, September 1, 2020 to August 31, 2021, must be paid no later than September 1st or membership will lapse.

Checks are made out to the Chambersburg Quilt Guild, can be sent to the membership chairperson:

**Roxanna Iser
CHAMBERSBURG QUILT GUILD
1059 Marvern Drive E
Chambersburg, PA 17202**

Please fill in the following information:

Name: (MS, MRS, MISS, MR) _____
FIRST MI LAST

Emergency Contact information:

Name _____ Phone: _____ Relationship: _____

Name _____ Phone: _____ Relationship: _____

Email: _____ Birthday: ____/____

Street, RR# or Box #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Select membership type

Single (\$30.00) _____ Family (\$35.00) _____ Junior (\$20.00) _____ (ages 10-17)

(Please note that if you choose a family membership, all members must reside at the same address)

Are you willing to print your copy of the monthly newsletter from the guild website? Yes ___ No ___
(www.chambersburgquiltguild.com)

I agree ___/disagree ___ that the Chambersburg Quilt Guild may use my photographs in the CQG website.

Your signature _____

Have you been in the Military: yes ___ no ___, Branch _____ for how long _____

Any commendations _____

L _____
W _____
C _____