

ELIQG Membership Form

Please do not staple forms and checks together!

Please fill out below for our mailing /membership database and return with a \$35.00 check made payable to: ELIQG. Mail to: ELIQG, PO Box 332, Riverhead, NY 11901

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

YES NO Allow ELIQG to use photos of myself and my quilts to appear in email, website, and other publications related to the guild.

YES NO Allow ELIQG to share my contact information in the form of a membership list.

D.O.B.:(optional) (month/day): _____

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal
Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____



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