

ALLATOONA QUILTER'S GUILD
2025 MEMBERSHIP FORM

Please print

NAME _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____ CELL _____

Birthday (mm/dd) _____ Anniversary (mm/dd) _____ Spouse's name _____

Emergency contact name _____ Phone _____

Circle One: Renewal / New Member

Fees: _____ \$35.00 / \$17.50 after July 1st
_____ \$5.00 late fee for renewal after first general meeting of the year

Please send membership fees for 2025 to: **Barbara Means, 741 Creekside Bend, Alpharetta, GA 30004**

INTERNAL USE ONLY

Payment method:

- Check \$ _____ # _____ date received _____
- Zelle \$ _____ date received _____
- Cash \$ _____ date received _____

New Member Packet _____

Name Tag _____