

ELIQG Membership Form 2022

*Please do not staple forms and checks together.
Thank you!*

Please fill out below for our mailing/membership database and return with a **\$35** 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, web-site and other publications related to the guild.*

_____	New Member	_____	Renewal
_____	Date	_____	Cash/Check #



ELIQG Membership Form 2022

*Please do not staple forms and checks together.
Thank you!*

Please fill out below for our mailing/membership database and return with a **\$35** 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, web-site and other publications related to the guild.*

_____	New Member	_____	Renewal
_____	Date	_____	Cash/Check #

