



ELIQG Membership Form 2020

Please fill out below for our mailing/membership database and return with your check made out to ELIQG for \$35 to:

ELIQG Membership Chair, PO Box 332, Riverhead, NY 11901

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____ CELL PHONE _____

EMAIL ADDRESS: _____

YES NO I allow ELIQG to use photos of myself and my quilts to appear in the newsletter, website and other publications.

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

_____	New Member
_____	Renewing Member
Date:	_____
Cash/Check#:	_____



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