

LIVINGSTON PIECEMAKERS QUILT GUILD

Membership Application / Renewal

NAME _____
Address _____
City, State, Zip _____
Phone #'s: Home _____ Evening/Cell _____
Email Address _____
Birthday: Month/Day _____

Fiscal Year is April 1st to March 31st

_____ Full Membership — \$25.00

_____ Associate Member — \$15.00

I, hereby, _____ Grant _____ Do Not Grant, permission for any photo of myself or of my quilts to be posted on the website and in social media.

Submit Membership Application to:
LPQG, 2nd Vice President, Membership
P. O. Box 1486
Livingston, Texas 77351

Method of Payment:
_____ **Cash**
_____ **Check #** _____