



Member Information

May 1, 20 – **April 30, 20**

- New Member
 Renewing Member

Date: _____

Member Since: _____ (year)

Name: (please print) _____

Address: _____

Phone: _____ **Email:** _____

Birthday: Month: _____ Day: _____

(We do not share our mailing list or email list. We use this information for the Guild Membership Directory, to send our monthly Star Quilters Guild Newsletter, and to send notices regarding seminars or classes sponsored by the Guild.)

****Emergency Contact Person during Star Quilters Guild Meetings:**

Name relationship Telephone Number

Please tell us a little about yourself:

*Please return this Member Information form and your money to the Membership chairs
(\$20 cash or check made out to: **Star Quilters Guild**) or mail it to:
Jennifer Adams Attn: SQG Membership 5929 Brahma Road Roanoke, VA 24018*