

NCW Quilt Guild Membership Form

Please Print

Date: _____

Name:

Address:

City:

State: Zip:

Phone:

Email:

Year 20 _____ **Dues** \$ _____

Total \$ _____

Check#

Cash \$

New Member _____ **Renewal** _____

Date recv'd **Membership Kit:** _____

Date recv'd **Membership Card:** _____

Date recv'd **Receipt:** _____

Please complete this form and send to:

Membership/NCWQG

P.O. Box 2715

Wenatchee, WA 98807

Make checks payable to: NCWQG

Please include a self-addressed stamped envelope

Yearly Dues are \$30.00