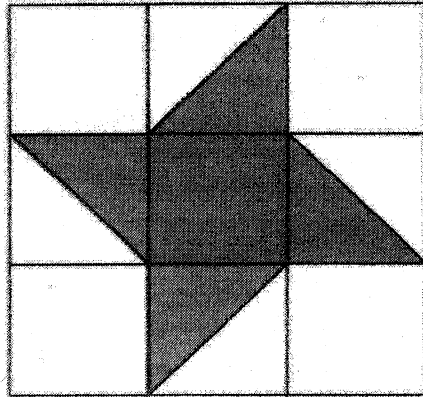


Pioneer Valley Quilters Guild

Membership Form

Year: _____



Name: _____

Address: _____

City/Zip: _____

Phone Number: _____ Home _____ Cell _____

Email: _____

D.O.B.: _____

Payment Method: Cash _____ Check _____ # _____

Date: _____

Membership Card Given _____