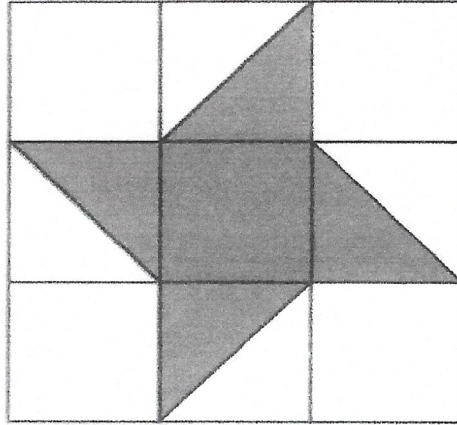


# Pioneer Valley Quilters Guild

## Membership Form

Year: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_

Date: \_\_\_\_\_

Membership Card Given \_\_\_\_\_