



MEMBERSHIP FORM

Ladies of the Lake Quilt Guild

P O Box 1432
Longview, WA 98632

Receipt # _____
Date Rec'd _____
Amount \$ _____
Cash ____ Check ____
Chk # _____
Rec'd by _____

Make checks payable to: **LADIES OF THE LAKE**

NOTE: Deadline to be included in the membership book is the **SEPTEMBER GUILD MEETING**.
Directories will be available at the October Guild Meeting.

New Renewal Membership Dues **\$25.00** Membership Term **2018-2019**

PLEASE PRINT

Name _____ Birthday Month _____ Day _____

Cell _____ Home Phone _____

Street _____ Mailing _____
Address _____ Address _____

City _____ State ____ Zip _____ Permission to use photos online or in advertising? Yes No

Email Address (please print) _____

List quilt groups you belong to _____

If none, would you like to join a daytime group or an evening group ?

Suggestions for Guild meeting programs _____

I am interested in:

Attending a class on (topics): _____

Teaching a class or doing a demonstration on (topics): _____

Check all items/activities you are interested in helping with:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Block of the Month | <input type="checkbox"/> Fabric Exchange | <input type="checkbox"/> Monthly Programs | <input type="checkbox"/> Retreat |
| <input type="checkbox"/> Challenge | <input type="checkbox"/> Historian | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Charity Projects | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Publicity | <input type="checkbox"/> Officer |
| <input type="checkbox"/> Door Prizes | <input type="checkbox"/> Membership | <input type="checkbox"/> Quilt Show | <input type="checkbox"/> Other _____ |

Indicate if you do any of the following for **PAY**:

- Hand Quilt Machine Quilt Complete Unfinished Projects Restore Old Quilts

If you own a quilt related business what is the name, address and phone number of your business?

