

Keepsake Quilters Guild Application for Membership

Membership Chair: Aleta Anderson

Membership Chair-Elect: Teresa Sederburg

Membership Year 2019-2020 **New** ____ **Renewal** ____ **Date:** _____

First Name: _____ **Last Name:** _____

Membership book: No changes: ____ **Change as shown below:** _____

Address: _____

City, Zip _____

Phone – Home _____

Work _____

Cell _____

Email: _____

Birthday Month/Day _____

Print and mail this form with your check payable to **Keepsake Quilters** for \$30.00 (\$15.00 after Dec. 1 for **new members only**) to: **Keepsake Quilters Guild, P.O. Box 1043, Cedar Falls, IA 50613**; or take this form with your check for \$30.00 to the next meeting.