



Date: _____

ALAMEDA QUILT GUILD

Make friends, share what we know, and learn from each other.

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Birthday (month/date) _____

Membership dues are \$50 per calendar year. Our membership year is from January 1 until December 31. Please bring this completed form with payment to a guild meeting OR mail the form and a check payable to Alameda Quilt Guild. **New members pay \$50 January - June and \$25 July - December.**

**Alameda Quilt Guild
P.O. Box 2724
Alameda, CA 94501
Attn: Membership**

Membership type. Check One:

New Member* Renewal Affiliate

*If new member, how did you hear about us? website Quilt shop word of mouth other _____

AQG distributes a monthly newsletter via e-mail. It is also posted on our website. Directory of members is within the "members only" section of the website.

Alameda Quilt Guild is an all-volunteer organization. We look forward to having you join and participate with us. I would like to be more involved by:

Teaching a workshop or skill to the group Serving on a committee

For Guild use only

Ck# _____ Cash _____ Amt. _____