

Crazy Quilters' Guild, Inc.
Membership Registration Form
July 1, 2018 – June 30, 2019

Please print clearly:

Name _____

Membership Type: NEW _____ RENEWAL _____

- If NEW, please complete all of the following.
- If RENEWAL, complete ONLY any changes from previous year.

Address _____

Phone: _____ Alt Phone: _____

Email Address: _____

Annual Dues: \$24.00 Check #: _____ Cash _____

Make checks payable to: The Crazy Quilters' Guild, Inc.

Return completed form, with payment, to the next Guild meeting or mail to:

Chris Petersen
408 Elwin Dr.
Mukwonago, WI 53149