

**CRAZY QUILTERS GUILD
OF
CAPE COD**

MEMBERSHIP FORM

New Member

Reinstated (a member at some time in the past
BUT not last year)

Renewal

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____ **CELL** _____

E MAIL ADDRESS _____

WINTER ADDRESS (IF DIFFERENT) _____

**CHECKS PAYABLE TO: CRAZY QUILTERS GUILD
PO BOX 2085
TEATICKET, MA 02536**

DUES : \$20.00

CHECK _____ **CASH** _____ **DATE PAID** _____