

LIGHTHOUSE QUILTERS GUILD

Membership Form

Please complete this form and return it with \$30 (checks made payable to Lighthouse Quilters Guild). You may sign up at a meeting or mail your membership form and payment to:

Lighthouse Quilters Guild
c/o Membership Vice-President
PO Box 081153
Racine, WI 53408-1153

If you would prefer your membership card mailed to you, please include a self-addressed stamped envelope with your form.

All members are **REQUIRED** to serve at least one month per year on the hospitality committee and are asked to make one quilt a year for our charities.

If all your membership information has remained unchanged, you do not need to complete a membership form with your payment.

Name: _____

Address _____
Street City State Zip

Winter Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____ Birthday _____
Month/Day

How long have you been a member of LHQ: _____ Please estimate if you can't remember exactly.

Newsletter via (circle one): E-mail Need printed & Delivered

___ I would like to print & deliver a newsletter

___ I would like to have a quilting mentor.

___ I would be willing to be a quilting mentor.

___ I would like to see a program or class on: _____

___ I am interested in a lecture by the following teacher/s: _____
