

# LIGHTHOUSE QUILTERS GUILD

2017 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.

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If all your membership information has remained unchanged, you do not need to complete a 2017 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: \_\_\_\_\_

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