

Tar River Piecemakers Quilting Guild Membership Form – PLEASE PRINT

Membership Email: TRPQG-Membership@USA.com

Name:				
Address:				
City, State, Zip:				
Cell:	Home:			
Email:				
Member	Birthday Month/ Da			
Are you in a bee?				
If "YES", which one	(s):			
If "NO", would you	like to be in one?	AM:	PM:	Saturday:
If "YES", you would	, which one(s):			
Community Piec Quil	e Quilt Tops	Bind Q ——— ntr Education	Quilts Delivering Day; public demo	os for 4H & schools, etc.)
What kind of programs wo	ould you like to see and sup	port?		
Annual Dues \$20.00. Ple	ease make Check payable to	o: Tar River P	iecemakers Quilt	ing Guild ~or~ TRPQG
Junior & Founding Member Dues FREE:	Check:	Cash	: Receipt	#: