



GLHQ 2019 – 2020 MEMBERSHIP FORM

Annual Dues \$40.00

Please Print Clearly

NAME: _____ MEMBER #: _____

ADDRESS: _____

HOME # (_____) _____ WORK # (_____) _____

CELL # (_____) _____ BIRTHDATE (Month/Day): _____

E-MAIL ADDRESS: _____

Your name will be included in the Online Roster (password protected) unless you check here _____ Opt Out

What will you help with?

____ Fundraising

____ Hospitality

____ Charity

____ Newsletter

____ Membership

____ Quilt Day

____ Travel

____ Quilt Challenge

____ Wherever needed

____ Website

____ Show & Tell

____ Program/Speaker and

____ Door Prizes

____ Welcoming

Workshop (transport/host/assist)

____ Board Position (Specify _____)

Bring the completed form and payment to a Guild meeting OR mail to:

Mary Goyeau
5420 Putnam
West Bloomfield, MI 48323

PLEASE NOTE: MEMBERSHIP MUST BE PAID AND THIS FORM RETURNED BY THE OCTOBER 2019 GENERAL MEETING FOR YOUR INFORMATION TO BE INCLUDED IN THE PRINTED ROSTER.

Date received _____ Check # _____ Cash _____