



**A Membership Year is September 1st through August 31st (rev.1/24)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Yearly Fee \$40.00**

***A list of the board and committee members will be provided through a Newsletter in January of each year.***

***Please check one: New Member \_\_\_\_\_ Renewal Member \_\_\_\_\_***

***I am interested in the following areas and am willing to volunteer (circle)***

- |                      |                  |                         |
|----------------------|------------------|-------------------------|
| Beekeeper            | Block Party      | Board of Directors      |
| Finance/Budget       | Historian        | Library Committee       |
| Membership Committee | Publicity        | Nominating Committee    |
| Program Committee    | Website          | Newsletter/Publications |
| AQS Quilt Show       | Summer Picnic    | NICU                    |
| Santa Claus Dolls    | Pine Rest Quilts |                         |

***I belong to the following organizations: (circle)***

- AQS - American Quilters' Society
- MQN - Michigan Quilt Network
- IQA - International Quilting Assoc.

- SAQA - Studio Art Quilt Associates
- AQSG - American Quilt Study Group
- MQG - Modern Quilt Guild

<b>Treasurer's use</b>		
Amount Paid: _____	Date received: _____	
Cash	Check	PayPal
<b>Membership use</b>		
Membership card received: _____		
Database updated: _____		

