

Lakeview Quilters Guild – New Member Form

Please Print

Name: _____

Address: _____

City, State, Zip: _____

Phones Home: _____ Work: _____ Cell: _____

Email Address: _____

Birthday (Day and Month only): _____

How did you hear about LQG? _____

Have you been a member of Lakeview Quilters Guild in the past? Yes _____ No _____

----- For LQG use only ----- For LQG use only -----

Member / Bar Code Number: _____ Username: _____

Payment Date: _____ Amount: _____ Cash: _____ Check: _____