



Hawaii Quilt Guild Membership Form



New Membership Renewal

Single \$25 Family \$35

(\$10 off January—June)

PLEASE PRINT LEGIBLY

Name:

Address:

City: State: Zip:

E-Mail:

Phone: Birthday (m/d):

**IF YOU HAVE A NON-US ADDRESS,
PLEASE WRITE YOUR ADDRESS ON
THE BACK OF THIS FORM.**

Mail To:
**HQG Membership
PO Box 30423
Honolulu, HI 96820**

**PLEASE MAKE CHECKS
PAYABLE TO
HAWAII QUILT GUILD**

If paying for a family membership, please include names and birthdays:

1. <input type="text"/>	Birthday (m/d): <input type="text"/>
2. <input type="text"/>	Birthday (m/d): <input type="text"/>

I am interested in helping in the areas below:

- Quilt Show Holiday Party
- Woman Expo
- Na Lima Aloha (Community Service)
- Special Programs (Specify Expertise) _____
- Other (Please provide details) _____

Favorite Quilting Methods:

1.

2.

INTERNAL USE ONLY:

C # _____ C P A \$ _____ DR ___/___/___

W R C E N L M