

Piecing Partners Quilt Guild – 2027 Membership Form

☐ New Member ☐ Renewal ☐ Change of Information

PLEASE COMPLETE ALL INFORMATION & PRINT CLEARLY

Do Not Write in This Space

Cash/Credit Card or Check No. _____

If Paying by Credit Card, Add \$1.00

Amount _____

Name _____
Cell Phone _____ Home Phone _____ Birthday (MM/DD) _____
Address: _____
Mailing Address (if different): _____
City, State _____ Zip Code _____
E-Mail Address: _____

2027 MEMBERSHIP DIRECTORY & PERSONAL INFORMATION SHARING

☐ Yes ☐ No Is it OK to include your personal information in the printed 2027 PPQG Membership Directory?
☐ Yes ☐ No Is it OK to include your personal information on the PPQG website?
☐ Yes ☐ No Do you want a hard copy of the 2027 PPQG Membership Directory?

Note: Dues must be received by January 31 for your name to be printed in the 2027 Membership Directory.

MONTHLY NEWSLETTER DISTRIBUTION PREFERENCE (Check ONE)

☐ By E-Mail (*free with paid membership*)
☐ By US Mail (*for an additional \$30 cost*) Mail by US Mail: \$ _____

ANNUAL MEMBERSHIP DUES

\$30.00 (see www.ppqguild.com/membership for full list of member benefits) Dues Amount: \$ _____

DONATION

☐ Yes ☐ No Would you like to donate to the PPQG scholarship fund? Donation Amount: \$ _____

Note: Scholarship funds help those needing help with dues, workshops and required fees. If you need financial assistance for those purposes, contact the PPQG President at ppqleadership@gmail.com. All requests are confidential.

Total Amount: \$ _____

Deliver this form and full payment by either:

1. **Hand-delivery** to PPQG Membership Coordinator (at the Membership Table) at a general meeting; OR
2. **US Mail** to PPQG, Attn: Membership, P.O. Box 7572, Colorado Springs, CO 80933

DO YOU WANT TO BE NAMED AND LISTED AS A 2027 SERVICE PROVIDER?

☐ Yes ☐ No

Note: If yes, your name and contact information will be shared in the 2027 Membership Directory, plus passed along to other people inquiring about different services that our membership has to offer. These inquiries may originate from our website mailbox, event discussions, or other sources.

Name _____ Name of Business (optional) _____
Phone _____

Services:

(Check all that apply)

☐ Longarm Quilter	☐ Quilt Restoration	☐ Other (specify) _____
☐ T-Shirt Quilts	☐ Binding	☐ Other (specify) _____
☐ Quilt Finishing	☐ Custom Quilts	☐ Other (specify) _____