

# Piecing Partners Quilt Guild – 2026 Membership Form

New Member     Renewal     Change of Information

**Do Not Write in This Space**

Cash/Credit Card or Check No. \_\_\_\_\_

If Paying by Credit Card, Add \$1.00

Amount \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION & PRINT CLEARLY**

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

## 2026 MEMBERSHIP DIRECTORY & PERSONAL INFORMATION SHARING

Yes     No    Is it OK to include your personal information in the printed 2026 PPQG Membership Directory?  
 Yes     No    Is it OK to include your personal information on the PPQG website?  
 Yes     No    Do you want a printed booklet of the 2026 PPQG Membership Directory?

*Note: Dues must be received by January 31 for your name to be printed in the 2026 Membership Directory.*

## MONTHLY NEWSLETTER DISTRIBUTION PREFERENCE (Check ONE)

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

## ANNUAL MEMBERSHIP DUES

**\$30.00** (see [www.ppquilt.com/membership](http://www.ppquilt.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 [ppqgleadership@gmail.com](mailto:ppqgleadership@gmail.com). All requests are confidential.*

**Total Amount:** \$ \_\_\_\_\_

**Deliver this form and full payment by either:**

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

## DO YOU WANT TO BE NAMED AND LISTED AS A 2026 SERVICE PROVIDER?

Yes     No

*Note: If yes, your name and contact information will be shared in the 2026 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)

<input type="checkbox"/> Longarm Quilter	<input type="checkbox"/> Quilt Restoration	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> T-Shirt Quilts	<input type="checkbox"/> Binding	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Quilt Finishing	<input type="checkbox"/> Custom Quilts	<input type="checkbox"/> Other (specify) _____