

Piecing Partners Quilt Guild – 2024 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 PRINT CLEARLY

Name _____

Home Phone () _____ Cell Phone () _____ Birthday (MM/DD) _____

Address: _____

Mailing Address (if different): _____

City, State _____ Zip Code _____

E-Mail Address: _____

- Check box** if you **do not** want your personal information printed in the 2024 PPQG Membership Directory
- Check box** if you **do not** want your name listed under the PPQG website Member Menu
- Check box** if you **do want a hard copy** of the 2024 PPQG Membership Directory

Note: Dues must be received by January 31 for your name to be printed in the 2024 Membership Directory.

MONTHLY NEWSLETTER

Newsletter Distribution Preference: E-Mail Or By US Mail **for an additional fee of \$30**

ANNUAL DUES/DONATIONS

\$30.00 (which includes monthly newsletter distributed via E-Mail) **Dues Amount:** \$ _____

Check box if you would 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.

Total Amount: \$ _____

Please deliver this form and full payment either way described below. You can download form and type information if you prefer.
1. **Hand-deliver** to PPQG Membership Coordinator at the Membership Table (preferably October or January general meeting)
2. **Mail** to PPQG, Attn: Membership, P.O. Box 7572, Colorado Springs, CO 80933

DO YOU WANT TO BE NAMED AND LISTED AS A 2024 SERVICE PROVIDER?

Note: If yes, your name and contact information will be shared in the 2024 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.

Yes No

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) _____ |