

## Hawaii Quilt Guild Membership Application

Mail your completed form and payment to: HQG Membership, P.O. Box 30423, Honolulu, HI 96820			
NEW MEMBERSHIP		RENEWAL	
Due	□ Single (\$25) □ Family (\$35) □ Jan-Jun, \$15 Single/\$25 far es are paid annually starting July 1 thro	•	•
NAME			
CI	DRESS TY	ST	ZIP
TELEPHONE:E-MAIL BIRTHDAY (month/day)			
If paying for family membership, please include family members' names are Birthdays (month/day):  NAME:			BIRTHDAY: BIRTHDAY:
	ME:		
AREAS YOU WOULD BE WILLING TO PARTICIPATE IN OR ASSIST WITH:			
	QUILT SHOW  BLOCK OF THE MONTH		
	NA LIMA ALOHA (COMMUNITY SERVICE)		
	AREA QUILTING BEES	/ICL)	
	HOLIDAY PARTY		
	WOMEN'S EXPO		
	SPECIAL PROGRAMS (SPECIFY AREA OF EXPERTISE):		
	OTHER (PLEASE PROVIDE DETAILS):		