Great Lakes African American Quilters Network

ANNUAL MEMBERSHIP APPLICATION

(PLEASE PRINT CLEARLY)

Please comple	ate the information	helow to renew o	rioin the qui	ild. Dues : 1-Year \$30.00;	
		Thellow to reflew of Tembership after Nov			
I want to:	☐ Renew Current	☐ Renew Lapsed	Membership	p	
Date:		A	mount Enclo	sed \$	
	nme as you wish it to appear in		I 1-YR □ 3-YR	2 □ 5-YR □ \$20 after Nov. 1 st	
Name			Birthda	ay: Month Date	
Address					
City		State		Zip	
Phones: Home	[]	Alte	ernate []	
E-Mail					
*How did you	_	QN? Member \[\]	Vebsite □Oth	ner, please explain	<u> </u>
Identify Quilting Level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐					
Check if you a	re a member of N	QA ☐ and enter M	lembership (No	
	oublish a membership p			hip list to any other group or enally. If you wish to be omitted fi	rom
I am intereste	d in volunteering	for the following	committee	(s):	
□ Conferen	ce 🗖 Reti	reat 🗖 Meetir	ıgs-Setup (■ Website	
□ Education	n □ Nev	wsletter 🗖 Memb	ership [☐ Hospitality/Refreshments	
Other					
	se complete this for Great Lakes Afric		check or mon	ney order payable to:	
N	Attn.: Memb P. O. Box 2	pership	IN QUILTER'S	NETWORK (GLAAQN)	
ate Received	Check No	◆FOR GUILD USE (PAYMENT & RECORD Money Order)	PDS	Cash in Person	
ates Processed: Tre					