## Allen Quilters' Guild

## 2024 Membership Application

Name:		Sp	oouse's First Name
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
E-Mail Address:			
Are you a NEW mem	ber? If	not, what year did yo	u join AQG?
If you are a returning	member, would you	like a new name badge	e?
Would you like a cop	y of the AQG Bylaws?		
Birthday (month and	day only):		
Small group you belo	ng to:		Meeting time:
If you do not present	ly belong to a small g	roup, are you intereste	ed in joining a daytime small group?
Y N or a nighttime sm	nall group? Y N		
Please circle your pre	eferred method for red	ceiving the Allen Quilte	ers' Guild Newsletter:
A) Via e-mail			
B) You downloa	d directly from our w	ebsite (www.allenquilt	ers.org)
When complete, plea	ase mail this form with	n a check made out to	AQG to:
Allen Quilters' Guild			
P. O. Box 526			
Allen, TX 75013-0010	)		
OR you may give you	r form and payment o	lirectly to Alice G. or Pa	aula Z. Credit & Debit cards accepted.
Membership dues ar member) and paid ar		d \$15 for juniors (child	dren 10 to 17 accompanied by an adult
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Google Group	New	Name Tag	Bylaws
Birthday	Small Group	Newsle	etter Check#