



Hawaii Quilt Guild Membership Form



New Membership

Renewal

Single (\$25)

Family (\$35)

PLEASE PRINT LEGIBLY

Name:

Address:

City: State: Zip:

E-Mail:

Phone: Birthday (m/d):

**IF YOU HAVE A NON-US ADDRESS,
PLEASE WRITE YOUR ADDRESS ON
THE BACK OF THIS FORM.**

Mail To:
**HQG Membership
PO Box 30423
Honolulu, HI 96820**

**PLEASE MAKE CHECKS PAYABLE
TO HAWAII QUILT GUILD**

If paying for a family membership, please include names and birthdays:

1.	
2.	
3.	

I am interested in helping /participating in the areas below:

- Quilt Show
- Area Quilting Bees
- Block of the Month
- Holiday Party
- Na Lima Aloha (Community Service)
- Special Programs (Specify Expertise) _____
- Other (Please provide details) _____

INTERNAL USE ONLY:

C# _____ C P A \$ _____ DR ___ / ___ / ___