

Membership Form

Etowah Valley Quilt Guild
PO Box 2145
Cartersville, Ga. 30120

PLEASE PRINT ONLY

Name: _____

Street: _____

City, State, Zip Code: _____

Best Phone Number: _____

Email Address: _____

Emergency Contact & Phone: _____

Your Birth month and day: _____

List names of any other quilt guilds you belong to: _____

This section to be completed by Membership Chairperson

Date Received	Cash	Check #	Updated	Member Card	Name Tag