



SHEBOYGAN COUNTY QUILTERS GUILD 2022 MEMBERSHIP FORM

PLEASE NOTE: THIS FORM MUST ACCOMPANY YOUR PAYMENT

I am a: (Check one) _____ New Member _____ Lifetime Member (Free)
_____ Renewing Member _____ 90 + creative years young

Send this completed form with your check for \$25 to the address below. Dues must be paid by January 15th in order for your name to be included in the next roster.

Sue Klemme
2616 North 26th Street
Sheboygan, Wisconsin 53083

PLEASE WRITE ALL CHANGES IN RED. PLEASE WRITE LEGIBLY SO CORRECTIONS ARE ACCURATE.

Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Email address: _____

I AM PAYING THE FOLLOWING:

_____ \$25 annual dues (January 1- December 31)

PLEASE MAKE CHECKS PAYABLE TO: **Sheboygan County Quilters Guild**

Do you belong to one of the guild's small quilt clubs: No ___ Yes ___ Name of Club(s): _____

If not a member, would you like to join a club? No ___ Yes ___ Day ___ Evening ___

**IMPORTANT
NOTICE**

The success of our guild depends on the volunteerism of our members. On which committee(s) would you like to volunteer?

- _____ Officer such as President _____, Vice-President _____, Secretary _____, Treasurer _____
- _____ At-Risk Baby Quilts _____ Program _____ Nominating Committee
- _____ Communications _____ Publicity _____ Other ways to help out?
- _____ Education Outreach _____ Sit and Sew Please list _____
- _____ Library _____ New Member Welcoming Cmte _____
- _____ Quilt Show Cmtes (There are many, many areas that need volunteers for our 2022 Quilt Show)

Please mail to: Sue Klemme 2616 N. 26th Street Sheboygan, Wisconsin 53083

For Guild use only: Amount paid _____ Check # or Cash _____ Date Paid _____ Recorded: _____